State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| **LETTER TO STOP MARIJUANA USE** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

**VIA**

☐ **Personal Delivery**

☐ **Substituted Delivery**

☐ **Posted Delivery**

☐ **First Class Mail**

☐ **Registered Mail**

☐ **Certified Mail**

☐ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Tenant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

It has come to our attention that there have been instances of smoking, vaping, or use of marijuana on the premises located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of the Premises].

☐ Notice of Non-Compliance (marijuana use has violated lease terms). These activities are in violation of the terms of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Title of Agreement/Policy Violated] dated \_\_\_\_\_\_\_\_\_\_, 20. We are asking you to cease the smoking, vaping, and any other method of marijuana use on the premises (Check one): ☐ immediately upon receipt of this letter ☐ within \_\_\_ days from the date of delivery of this letter in accordance with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Title of Agreement/Policy Violated]. Failure to comply with this letter will result in further action, including but not limited to, termination of the Lease Agreement, eviction and/or legal proceedings to enforce.

☐ Notice of Request (marijuana use has not violated lease terms). We are asking you to cease the smoking, vaping, and any other method of marijuana use on the premises. Out of concern for the safety and comfort of all residents, as well as the maintenance of a healthy and peaceful living environment.

Your cooperation in this matter is crucial and will be greatly appreciated. Should there be any aspects of this request that are unclear, please feel free to contact me.

Sincerely,

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| --- |

Landlord’s Contact Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_