

LEASE TERMINATION

30-Day Notice to Vacate

_____, 20__

To: _____

Rental Address:

YOU ARE HEREBY NOTIFIED THAT, under the terms of: (Check one)

- Your tenancy (if no original agreement)
- The Lease Agreement dated _____, 20__
- The Rental Agreement dated _____, 20__
- The Residential Lease Agreement dated _____, 20__
- Other: _____

(the "Lease") for the rent and use of the premises listed above now occupied by you:

YOUR MONTH-TO-MONTH TENANCY WILL BE TERMINATED IN: (Check one)

- 30 DAYS (if leased property is one of the following counties: Barbourville, Bellevue, Bromley, Covington, Dayton, Florence, Fayette, Georgetown, Jefferson, Ludlow, Melbourne, Newport, Oldham, Pulaski, Shelbyville, Silver Grove, Southgate, Taylor, Woodlawn)
- _____ DAYS (if leased property is in any other county, refer to original lease or rental agreement)

FROM THE DATE OF DELIVERY OF THIS NOTICE. You therefore must deliver possession of the premises to me on such date. You are further notified that unless you vacate the premises by such date, legal action may be initiated against you.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND KENTUCKY REVISED STATUTES § 383.695. NOTHING IN THIS NOTICE IS INTENDED OR SHALL BE CONSTRUED AS A WAIVER BY THE LANDLORD OF ANY RIGHTS OR REMEDIES THE LANDLORD MAY HAVE UNDER THE LEASE OR UNDER STATE OR FEDERAL LAW.



Signature

Date

Landlord's Contact Information:

Name: _____

Address: _____

Phone Number: _____



PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the Commonwealth of Kentucky, that on _____, 20____, I served a true copy of the attached Notice of Termination in the following method:

Personal delivery to _____ at the following address: _____
_____.

Substituted delivery left with/at _____ at the following address: _____
_____.

Posted delivery at the following address: _____
_____.

Registered mail, return receipt requested to _____ at the following address: _____
_____.

Certified mail, return receipt requested to _____ at the following address: _____
_____.

Signed by: _____

Print Name: _____

Date: _____

