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**RETIRED

***Notice to Quit/Cease Request Form**

Date: _____

Client contact name: _____

Client telephone #: _____

Client's email address: _____

Landlord/Entity name: _____

Tenant's name: _____

If more than one tenant, or if there are other occupants, name them all:

Tenant's Address: _____ Apt. _____

City _____ State _____ Zip Code _____

Notice to: _____ Cease or _____ Quit (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Unauthorized Pet | <input type="checkbox"/> Unsanitary Apartment |
| <input type="checkbox"/> Unauthorized Use of Washing Machine | <input type="checkbox"/> Failure to Provide Access |
| <input type="checkbox"/> Unauthorized Additional Locks | <input type="checkbox"/> Destroying the Peace & Quiet |
| <input type="checkbox"/> Damage to Property | <input type="checkbox"/> Loitering on Landlord's Property |
| <input type="checkbox"/> Bedbugs | |
| <input type="checkbox"/> Failure to Re-certify (Were Notices sent? If so, please attach them) | |
| <input type="checkbox"/> Owner occupied | |
| <input type="checkbox"/> Landlord wishes to occupy apt. | |
| <input type="checkbox"/> Refusal to accept a lease renewal with reasonable terms | |
| <input type="checkbox"/> Rent Increase: Old Rent \$ _____ New rent \$ _____ | |
| <input type="checkbox"/> Rent Control? _____ y _____ n | |

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Unauthorized Persons: Name/Describe Authorized and Unauthorized persons:

Drug Offenses Give Details:

Theft of the Landlord's/or other tenant's property.

Assaults or Threats. Have you ever sent the tenant written notice regarding the incident? _____ if yes, attach copies.

Habitual Late Payment of Rent (Amount of monthly rent \$ _____)

(We need at least a six month history)

Month Due

Date Paid
