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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Notification of Retaliatory Conduct | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | *Landlord* | | | | | | | | |  | | | | | | | | | | | | | |
|  | | «laddress» «laddress2» | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | *Street Address* | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | |
| I, | | | |  | | | , reside at your property located at | | | | | | | | | | | | | | |  | | | |
| *(Print tenant’s name)* | | | | | |  | | | | | | |  |  | | | |  | | | | | | | | | |
|  | | | | | | | | |  | | | |  | |  | | | |  | | | | |  | |
| *(Address, city, state, zip)* | | | | | | | | |  | |  | | | | | |  | | |  | | |  | | | |
|  | | | | | | | | |  |  | | | | | | | | | | |  | | | |  | | | |

I am writing to inform you that Minnesota tenants may not be retaliated against for asserting their rights as tenants. Your notice of \_«retaliation»\_

*(type of notice given by landlord, ie. rent increase)*

is retaliatory based on my following actions: «action».

Please be informed that Minnesota Statutes § 504B.285, subd. 3, and § 504B.441 provide that a residential tenant may not be evicted, nor may the tenant’s obligations under the lease be increased (such as a rent increase), nor the services decreased if it’s intended to be a penalty for the tenant’s assertion of legal rights under the lease or law.

The landlord has the burden to prove the notice was not retaliatory if it is delivered within 90 days of the tenant’s assertion of rights.

Your notice appears to be retaliatory, which violates Minnesota law. Please rescind the notice within fourteen days.

Thank you for your prompt attention to this matter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Tenant’s Signature Date*