## **EVICTION NOTICE**

## 30-Day Notice to Quit for Non-Compliance

To:
10
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:  YOU ARE CURRENTLY IN VIOLATION OF (□ of Section) OF THE LEASE AS FOLLOWS:
The violation is: (Check one)  Curable. Demand is made that you remedy the violation within thirty (30) days from the date of delivery of this notice or the tenancy will be terminated and you must vacate the premises. You are further notified that unless you correct the violation or vacate the premises, legal action may be initiated against you.
☐ Incurable. The tenancy is hereby terminated and you must vacate the premises and deliver possession of the same to me within thirty (30) days from the date of this notice. You are further notified that unless you vacate the premises, legal action may be initiated against you.  THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND NEW HAMPSHIRE

REVISED STATUTES ANNOTATED CHAPTER 540:3. 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 State of New Hampshire, that on, 20, I served a true copy of the attached Notice of Termination in the following method:				
		at the following address:		
	Substituted delivery left with/at	at the following address:		
		·		
	Registered mail, return receipt requested to	at the following address:		
	Certified mail, return receipt requested to	at the following address: 		
Sig Pri Da	ned by: nt Name: te:			

