EVICTION NOTICE

| TO: | | | | | |
|----------------------|---|--|--|--|---|
| | (Tenant Name) | _ | | | |
| | (Street) | | | | |
| | (City, State, Zip Code) | | | | |
| | | | | | |
| Pursu | uant to the provisions o | f RSA 540:2, you | are hereby giver | n an eviction r | notice and notice to |
| vacate, on or before | | , 20, | the premises an | d appurtenan | ces owned by |
| | | of the City of | of | , | in the County of |
| | | , New Hamp | shire, which pre | mises are nov | v occupied by you. |
| | | | | | |
| The | reason for this evict | tion notice is: | | | |
| | | | | | |
| / | / Your failure to pay rer | nt due and in arrea | rs when demand | ed pursuant to | RSA 540:2 II (a). A |
| dema | and to pay rent was serve | ed upon you on | , 20_ | and you | have refused and |
| | cted to pay rent due for | | | | |
| the eliquimay | are hereby notified expiration of this not dated damages, in a not defeat an eviction the period. | tice of all the a accordance with on for non-pay | rrearages plus h RSA 540:9, p ment of rent b | fifteen doll provided how y paying the | ars (\$15.00) as wever that you a arrearages plus |
| <i>I</i> | _/ Substantial damage do | one to the premise | s pursuant to RS | A 540:2 II (b) a | as follows: |
| | | | | | |
| | | | | | |
| | | | | | |
| /follow | <u>/</u> Your failure to comply ∕s: | with a material ter | m of the lease pu | rsuant to RSA | 540:2 II (c) as |
| | | | | | |
| | | | | | |

| the other tenants or the landlord pursuant to | ur family which adversely affects the health or safety of o RSA 540:2 II (d), or your failure to accept suitable nt hazard abatement, as set forth in RSA 130-A:8-a, I, as |
|---|--|
| | |
| | |
| // For other good cause pursuant to R 540:2 V as follows: | RSA 540:2 II (e), RSA 540:2 III, RSA 540:2 IV, or RSA |
| | |
| | |
| | |
| Dated:, 20 | (Landlord/Agent Name) |
| | (Street) |
| | (City, State, Zip Code) |
| | (Signature) |
| | |
| I hereby certify that on thegave in hand to/left at the abode oftrue copy of the above original notice. | day of, 20, at am/pm I , above named, a |
| | (Signature) |