

NOTICE OF TERMINATION OF LEASE

TENANT NAME _____

SERVICE ADDRESS _____

MOVE OUT DATE _____

AS OF _____, THE PROPERTY IS IS NOT RENTED.

OWNER/LL NAME _____ BUSINESS NAME _____

ADDRESS _____ PHONE # _____

CITY STATE ZIP

OFFICE USE ONLY

DATE RECEIVED _____

TURN OFF
WORK ORDER # _____

TURN OFF DATE _____