

TERMINATION OF MONTH TO MONTH TENANCY

Name of Tenant(s)

Street Address

City, State, Zip

Your month to month tenancy, for the above described property, located in _____ County, is hereby terminated and will expire on _____, 20____. You are hereby notified to vacate the property by midnight _____, 20____. This notice is given more than **fifteen (15) days** prior to the termination of your monthly tenancy pursuant to F.S. 83.57(3) in accordance with Florida law. The termination of your tenancy does not release you from your obligation to pay rent for the month(s) of _____, 20____.

Owner/Agent Signature

Printed Name

Property/Company Name

Property/Company Address

Telephone Number

CERTIFICATE OF SERVICE

I HEREBY certify that a copy of the foregoing Notice was:

____ Posted on the premises described above in the Tenants' absence; or
____ Hand Delivered to Tenant _____;
on _____, 20____.

Signature

Printed Name