

**THIRTY (30) DAY NOTICE OF TERMINATION OF MONTH TO MONTH TENANCY**  
(posted pursuant to the Federal Cares Act)

\_\_\_\_\_  
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\_\_\_\_ (must be last day of any month), at which time you shall vacate the property prior to midnight. This notice is given more than **thirty (30) days** prior to the termination of your monthly tenancy pursuant to F.S. 83.57(3) in accordance with the Federal CARES Act. 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

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
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