## FIFTEEN DAY NOTICE TO CURE

TO:	(Name of all adult tenants)		and all others in posses	ssion
			Unit	
	(Property Address)		, Omt	
	(City)	, (State)	, (Zip)	
FROM:	(Landlord Name)			
DATE:				
You are here	by notified that you are n	ot complying with your lease, speci-	fically that:	
1				
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2				
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_				
Demand is he	ereby given to you, in wr	iting that you remedy the noncompli	iance within fifteen (15) days of re	eceipt of this notice or you
lease shall be	e deemed terminated, and	you shall vacate the premises upon	such termination. If this same con	duct or conduct of a
		ve (12) months, your tenancy is subje		
	an opportunity to cure the		cet to termination without further	warming and without your
88	J. C.	1		
		Landlord Name: Landlord's Agent (if you are owner):	e not	
		Address:		
		Phone Number:		
		CERTIFICATE OF S	SERVICE	
I certify	that a copy of this notice	has been furnished to the above-nar		, 20, at
		AM/PM by:	·	
1.	Delivery 2.	Docting in a constitution of	o on the promises 2	Certified Mail.
1	$\underline{}$ Derivery 2.	Posting in a conspicuous place	e on the premises 3(	common mail.