

Date Notice Served: _____

To: _____ and all others in possession

Tenant(s) Name(s)

Street Address

_____,
City

_____,
State, Zip

County

NOTICE OF TERMINATION OF WEEK-TO-WEEK TENANCY

You are a week-to-week tenant in the premises located at, _____,

(Street Address)

_____,
(City)

_____,
(State & Zip)

_____.
(County)

You hereby are notified that pursuant to Section 83.57 Florida Statutes your week-to-week tenancy is being terminated and you are required to vacate the premises and surrender same to your landlord on

_____.
(Month/Day/Year)

This notice is being served upon you not less than 7 days prior to the end of the applicable rental period as required by law.

CERTIFICATE OF SERVICE

I certify that a copy of this notice has been furnished to the above-named tenant on

_____,
(Month/Day)

_____,
(Year)

at _____,
(Time)

by: _____

(Name of Person Serving Notice)

- 1. ___ Delivery.
- 2. ___ Posting in a conspicuous place on the premises.
- 3. ___ Certified mail

Landlord: _____

Address: _____

Phone Number: _____