

# OHIO 30-DAY NOTICE TO VACATE

\_\_\_\_\_, 20\_\_\_\_

To: \_\_\_\_\_

Rental Property: \_\_\_\_\_, City of \_\_\_\_\_, OH \_\_\_\_\_

**YOU ARE HEREBY NOTIFIED THAT**, under the terms of the lease agreement dated \_\_\_\_\_, 20\_\_\_\_ (the "Lease") for the rent and use of the premises listed above now occupied by you:

YOUR TENANCY WILL BE TERMINATED ON \_\_\_\_\_, 20\_\_\_\_ AND YOU HAVE: (Check one)

- 7 DAYS (if rent is paid weekly)
- 30 DAYS (if rent is paid monthly)

TO VACATE THE PREMISES. **You therefore must deliver possession of the premises to me by** \_\_\_\_\_: \_\_\_\_\_ **AM/PM on** \_\_\_\_\_, **20**\_\_\_\_. You are further notified that unless you vacate the premises by such date, legal action may be initiated against you.

YOU ARE BEING ASKED TO LEAVE THE PREMISES. IF YOU DO NOT LEAVE, AN EVICTION ACTION MAY BE INITIATED AGAINST YOU. IF YOU ARE IN DOUBT REGARDING YOUR LEGAL RIGHTS AND OBLIGATIONS AS A TENANT, IT IS RECOMMENDED THAT YOU SEEK LEGAL ASSISSTANCE.

THIS IS A: (Check one)

- 7 DAY NOTICE.** (if rent is paid weekly)
- 30 DAY NOTICE.** (if rent is paid monthly)

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND OHIO REVISED CODE §5321.17. NOTHING IN THIS NOTICE IS INTENDED OR SHALL BE CONSTRUED AS A WAIVER BY THE LANDLORD OF ANY RIGHTS OR REMEDIES THE LANDLORD MAY HAVE UNDER THE LEASE OR UNDER STATE OR FEDERAL LAW.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_

Phone Number: \_\_\_\_\_

# PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the State of Ohio, that on \_\_\_\_\_, 20\_\_\_\_, I served a true copy of the attached Notice of Termination in the following method:

Personal delivery to \_\_\_\_\_ at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Certified mail, return receipt requested to \_\_\_\_\_ at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Posted delivery at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Signed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_