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| State of New York | Rev. 1343D0C |
| **NEW YORK NOTICE OF TERMINATION** | |

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

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

Rental Property:

\_\_\_\_\_\_\_\_\_\_\_

**RE: NOTICE OF TERMINATION**

**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 30 DAYS 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.

This **30 DAY** notice is provided to you in accordance with the Lease and NEW YORK REAL PROPERTY LAW §232. 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.

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|  |  |  |
| Landlord Signature |  | Date |

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

Address: \_\_\_\_\_\_\_\_\_\_

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

**AFFIDAVIT OF SERVICE**

I, the undersigned, being duly sworn, deposes and says, the following:

I am over 18 years of age and I reside at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am not a licensed process server, and I have not served more than 5 legal documents during the past year.

On the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_ AM/PM in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the City of New York:

I served the attached Notice upon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the tenant, by personally delivering a true copy to him/her at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Description of individual served in person:

Sex: \_\_\_\_\_\_\_\_\_\_\_ Color of Skin: \_\_\_\_\_\_\_\_\_\_\_\_\_ Color of Hair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approx Age: \_\_\_\_\_\_\_\_\_ Approx Weight: \_\_\_\_\_\_\_\_\_\_\_\_ Approx Height: \_\_\_\_\_\_\_\_\_\_\_\_

I served a true copy of the attached Notice upon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a person of suitable age and discretion willing to receive the demand and who resided or was employed at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Within one day thereafter, on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, I mailed a copy thereof enclosed in a post-paid properly addressed wrapper to the tenant at the above address, which is the tenant’s residence, by first class mail and by certified mail.

After attempting personal service on the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM and on the \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_ AM/PM, I placed a true copy of the attached Notice  under the entrance door  by affixing it on the entrance door at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I was unable to gain admittance or to find a person of suitable age and discretion willing to receive the demand. Within one day thereafter, on the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, I mailed a copy thereof enclosed in a post-paid properly addressed wrapper to the tenant at the above address, which is the tenant’s residence, by first class mail and by certified mail.

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

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

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