



NOTICE OF TERMINATION OF TENANCY
(C.A.R. Form NTT, Revised 11/07)

To: _____ ("Tenant")
and any other occupant(s) in possession of the premises located at:
(Street Address) _____ (Unit/Apartment #) _____
(City) _____ (State) _____ (Zip Code) _____ ("Premises").

CHECK THE BOX THAT APPLIES. CHECK ONE BOX ONLY.

- 1. [] The tenancy, if any, in the Premises is terminated 60 days from service of this Notice, or on _____ (whichever is later).
OR 2. [] You have or another tenant or resident has resided in the Premises for less than one year. Your tenancy, if any, in the Premises is terminated 30 days from service of this Notice, or _____ (whichever is later).
OR 3. [] All of the following apply. Your tenancy, if any, in the Premises is terminated 30 days from service of this Notice, or on _____ (whichever is later).
A. Landlord has entered into a contract to sell the Premises to a natural person(s);
AND B. Purchaser intends to reside in the Premises for at least one year following the termination of the tenancy in the Premises;
AND C. Landlord has established an escrow with an escrow company licensed by the Department of Corporations or a licensed Real Estate Broker;
AND D. Escrow was opened 120 or fewer days prior to delivery of this Notice;
AND E. Title to the Premises is separate and alienable from any other dwelling unit (i.e., a single-family unit or condominium);
AND F. Tenant has not previously been given a notice of termination of tenancy.
OR 4. [] Tenant is a beneficiary of, and the tenancy is subject to, a government agency rental housing assistant program. The tenancy, if any, in the premises is terminated 90 days from service of this notice or on _____ (whichever is later).

If you fail to give up possession by the time specified, a legal action will be filed seeking possession and damages that could result in a judgment being awarded against you.

Note to Landlord: If the property is subject to rent control, local law may require a minimum notice period that exceeds the time specified above.

Landlord (Owner or Agent) _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail _____

(Keep a copy for your records)

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Reviewed by _____ Date _____



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