



LOCAL HOUSING AUTHORITY OF THE CITY OF COMPTON
 700 NORTH BULLIS ROAD
 COMPTON, CALIFORNIA 90221
 PH: (310) 605-3080 – FAX: (310) 605-3096

CONTRACT TERMINATION NOTICE
 30, 60, OR 90 DAY NOTICE OF INTENT TO VACATE PREMISES

Date _____

 Owner's Name

 Owner's Address

 City Zip Code

Dear Owner:

I hereby give my _____ day notice to vacate the premises located at:

 Address Apt. # City Zip Code

I will leave the unit on: _____, 20____
 (Must be the last day of the month)

I understand this notice must be received by my landlord/owner, and a copy of this notice received by the Housing Authority 30, 60 or 90 days before I vacate. NOTE: A minimum of a full 30-day notice must be given and contracts must end the last day of the month.

I FURTHER UNDERSTAND THAT IF I REMAIN IN THE UNIT AFTER THE CONTRACT TERMINATION DATE, I WILL BE RESPONSIBLE FOR FULL RENT.

I ACKNOWLEDGE RENTAL PAYMENTS ARE CURRENT AND I HAVE RECEIVED A COPY OF THIS NOTICE.

 Tenant's Signature

 Owner's Signature

 Print Name

 Print Name