

EXAMPLE ONLY. [CLICK HERE](#) to download a saveable, printable, reusable version for just \$14.99.

TO: _____

TENANT NAME(S)

and all other persons in possession of the leased premises described below:

ADDRESS OF RENTAL PROPERTY

CITY

STATE

ZIP CODE

FROM: _____

IN ACCORDANCE WITH VERMONT CODE TITLE 9 CHAPTER 137 § 4467 (c):

In the absence of a written rental agreement, the landlord may terminate a tenancy for no cause as follows:

(1) If rent is payable on a monthly basis, by providing actual notice to the tenant of the date on which the tenancy will terminate which shall be:

(A) for tenants who have resided continuously in the same premises for two years or less, at least 60 days after the date of the actual notice;

(B) for tenants who have resided continuously in the same premises for more than two years, at least 90 days after the date of the actual notice.

(2) If rent is payable on a weekly basis, by providing actual notice to the tenant of the date on which the tenancy will terminate which shall be at least 21 days after the date of the actual notice.

YOU ARE HEREBY NOTIFIED that effective _____ after the date this notice has been served to you, the periodic tenancy by which you hold possession of the premises is terminated, at which time you are required to vacate and surrender possession of the premises. If you fail to do so, legal proceedings will be instituted against you to recover possession of the premises, damages, and costs of suit.

YOU MUST VACATE THE PREMISES AND DELIVER UP POSSESSION BY: _____

"MOVE-OUT DATE"

If you are in doubt regarding your legal rights and obligations, you should seek legal assistance.

RECORD OF SERVICE

I, _____, declare under penalty of perjury that on _____,

I served the above notice, of which this is a true copy, in the manner(s) indicated below:

- Hand delivered to the Tenant
- Given to person of suitable age and discretion at the Premises
- Conspicuously posted on the Premises
- Sent via certified mail with return receipt requested

DATE