NOTE: This form is used by Landlord/Agent when invasive repairs or fumigation work require the temporary move-out of a Tenant(s), to notify the Tenant(s) of the conditions for the temporary displacement.

Date: ________________, To Tenant(s): ________________________________
Residing at: __________________________________________________________________________________________________

*Items left blank or unchecked are not applicable.*

**NOTICE:**

By (Date) ________________, at (Time) _____ : ______ □ AM □ PM, you are kindly requested to temporarily vacate the premises to allow for invasive repairs or fumigation of the premises.

The work to be performed is __________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

The work to be performed by______________________________________________________________

The work is expected to be completed by (Date) ________________, at (Time) _____ : ______ □ AM □ PM

We kindly request that you cooperate with this temporary displacement by ________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**To compensate for the temporary displacement Landlord/Agent will provide Tenant(s)...**

* * * Free Preview End * * *
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