



**Brandon Patty**  
**St. Johns County Clerk of the Circuit Court and Comptroller**  
4010 Lewis Speedway, Saint Augustine, Florida 32084  
Office: (904) 819-3650 Fax: (904) 819-3677

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**EVICTION NOTICE OF TERMINATION OF TENANCY INSTRUCTIONS**  
**(7 or 15 DAY NOTICE)**

1. This notice is given to a Tenant who is on a weekly, biweekly or monthly rental agreement and whose tenancy is being terminated, or when a lease is coming to its end and the landlord wishes to terminate tenancy.
  - a. A seven (7) day notice is given when the tenant has a weekly or bi-weekly rental agreement.
  - b. A fifteen (15) day notice is given when the tenant has a monthly rental agreement.
2. This written notice must be delivered by posting or hand delivery and the seven or fifteen day time period must run, prior to any termination of the rental agreement or any lawsuit for eviction.
3. **This notice must be filled out in full.**
  - a. You will need to complete names of *all* tenants and address.
  - b. Provide the property description and the date to vacate by.
  - c. Complete the "Dated" portion.
  - d. Complete the Signature, Name, Address, and Phone number for the Landlord/Property Manager Sections.
  - e. You will need to complete the Delivery Section with the Tenant's name, date the notice was served, the time the notice was served, and whether it was served personally or by posting.
4. If an eviction is to be filed, you may find the forms and instructions in our office for a fee of \$.15 cents per page or for free online at [www.sjccoc.us](http://www.sjccoc.us).

**Please call the Small Claims Department for further assistance: 904-819-3650.**

**NOTICE OF TERMINATION OF TENANCY**  
(7 OR 15 DAY NOTICE: SEE INSTRUCTIONS)

To:

\_\_\_\_\_  
Tenant(s) Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Date of Delivery: \_\_\_\_\_

You are hereby notified to quit and vacate the premises described as:

\_\_\_\_\_  
On or before the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This notice is given under and by authority of section §83.57 Florida Statutes. The tenancy under which you have been occupying and using the said described premises as of the date shown above.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Landlord or Agent Signature

\_\_\_\_\_  
Name of Landlord/Property Manager (*Circle One*)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number and Email Address

This NOTICE served on \_\_\_\_\_ the tenant, on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ AM/PM (circle one).

By:  Personal Delivery

Posting a copy at resident

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(7 OR 15 DAY NOTICE: SEE INSTRUCTIONS)

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Address

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City, State, Zip Code

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Address

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