**ARKANSAS NOTICE OF LEASE TERMINATION**

(Check One)

[ ] - I am your landlord and this is the Tenant’s official notice that their lease dated on the [Date] will be terminated on the [Date] e. Termination must be at least thirty (30) days from the termination date specified in this notice in accordance with A.C.A. § 18-17-704(b).

[ ] - I am your Tenant and this is the Landlord’s official notice that their lease dated on the [Date] will be terminated on the [Date] Termination must be at least thirty (30) days from the termination date specified in this notice in accordance with A.C.A. § 18-17-704(b).

After I move out, please mail my security deposit to:

[Street Address]

[City]

[State]

[Zip Code]

The day of move-out, both parties should walk through the apartment to perform the move-out inspection. The time for this should be on the termination date or on any date agreed upon by landlord and tenant.

Tenant agrees to arrange for all of the utilities to be TURNED OFF upon move out. If the landlord would like to transfer the accounts to their name, they should inform the tenant as soon as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [Signature] |  | [Name] |  | [Date] |
| **Signature** |  | **Print Name** |  | **Date** |

**CERTIFICATE OF SERVICE**

I certify that on the [Date] I served this notice to [NAME] by

☐ - delivering it personally to the person in possession.

☐ - delivering it on the premises to a member of his/her family or household or an employee of suitable age and discretion with a request that it be delivered to the person in possession.

☐ - first-class mail addressed to the person in possession.

|  |
| --- |
| [Signature] |
| **Signature** |