**KENTUCKY 14-DAY NOTICE TO COMPLY OR QUIT**

**(MATERIALLY AFFECTING HEALTH & SAFETY)**

Date: [DATE]

This notice is sent to [TENANT'S NAME] (“Tenant”) and further directed to all residents, occupants, subtenants, and any others in possession of the Premises.

Property Address: [PROPERTY ADDRESS] (“Premises”)

Lease Start Date: [LEASE START DATE] (“Lease”)

**NOTICE**. It has been brought to the Landlord’s attention that there is a noncompliance which materially affects health and safety that can be remedied by repair, replacement, cleaning, or other curable method as described below:

Description of Non-Compliance: [DESCRIBE IN-FULL]

**REMEDIES**. In accordance with Kentucky State law, you have fourteen (14) days from the date of this notice to remedy the above-described non-compliance. Failure to do so will result in the termination of your lease and legal action to recover possession of the Premises.

If the non-compliance is determined to be the result of your negligence, you will be financially and legally responsible for its remediation. Should the Landlord be required to address the non-compliance, and it is later found that it was due to your negligence, you must reimburse the Landlord for all associated costs either with your next rent payment or immediately upon vacating the Premises, whichever comes first.

**FURTHER NOTICE**. Please be advised that failure to acknowledge or act on this notice can result in legal proceedings to recover possession of the Premises. Such proceedings may also result in a judgment against you for costs, necessary disbursements, and statutory damages, as allowed by law for unlawful detention of the Premises.

**Landlord Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT OF SERVICE**

County of [COUNTY]

State of [STATE]

Date: [DATE]

**I. SERVER**. I, [SERVER'S NAME] (“Server”), declare under penalty of perjury that a notice for eviction was delivered and served in the following manner:

**II. RECIPIENT**. The notice for eviction was delivered to:

1. Defendant/Respondent: [RECIPIENT'S NAME] (“Recipient”)
2. Address/Location: [ADDRESS/LOCATION]
3. Date & Time: [DATE] Time: [TIME] [ ]  AM [ ]  PM

**III. DELIVERY**. The Recipient received the eviction notice by: (check one)

[ ]  - **Mail**. The Server sent the eviction notice in the mail by: (check one)

[ ]  - Standard Mail

[ ]  - Certified Mail (with return receipt)

[ ]  - FedEx

[ ]  - UPS

[ ]  - Other

[ ]  - **Direct Service**. The Server handed the eviction notice to a person identified as the Recipient.

[ ]  - **Someone at the Residence**. The Server handed the eviction notice to someone who identified as living at the residence and stated their name is: [INDIVIDUAL'S NAME].

[ ]  - **Someone at the Workplace**. The Server handed the eviction notice to someone who identified to be the Recipient’s co-worker and stated their name is: [INDIVIDUAL'S NAME].

[ ]  - **Leaving at the Residence**. The Server left the eviction notice in the following area: [DESCRIBE AREA].

[ ]  - **Recipient Rejected Delivery**. The Server delivered the eviction notice to the Recipient in-person and did not accept delivery.

[ ]  - **Other**. [OTHER METHOD OF DELIVERY].

**IV. VERIFICATION**. I declare under penalty of perjury under the laws located in this State that the foregoing is true and correct.

**Server Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_