**NEBRASKA LEASE TERMINATION LETTER**

In Accordance with Section § 76-1437(2)

(Check One)

- I am your Landlord and this is the Tenant’s official notice that their lease dated on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ will be terminated on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. Termination by the Landlord must be at least thirty (30) days from the next payment date.

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- I am your Tenant and this is the Landlord’s official notice that their lease dated on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ will be terminated on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. Termination by the Tenant must be at least thirty (30) days from the next payment date.

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

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

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

**CERTIFICATE OF SERVICE**

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ I served this notice to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

☐ - Certified Mail with return receipt addressed to the person in possession.

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