



Rental Services, Inc.

(303) 420-1212 (800) 628-6414 FAX (303) 420-1477 FAX (800) 296-9902

DEMAND FOR COMPLIANCE OR POSSESION

STATE OF COLORADO, _____ County of _____

To:

And all other occupants
Address:

You are hereby notified that you have violated the condition or covenant of this agreement by which you hold possession of the property described above, as follows:

_____ Failure to pay rent for the period _____ to _____	
In the amount of	\$ _____
Late fees in the amount of	\$ _____
Utilities in the amount of	\$ _____
Other charges Due	\$ _____
The monthly rent is \$ _____	

_____ Other violations of your lease are as follows:

The undersigned owner or agent for the owner hereby demands that you cure said violations of your lease within three days of the service of this notice or deliver possession of the premises to the undersigned. NOTE: THIS IS NOT AN ELECTION TO TERMINATE YOUR OBLIGATION TO PAY RENT FOR THE BALANCE OF YOUR LEASE TERM.

Owner/Agent

Certificate of Service:

I certify that I served the foregoing Demand for Compliance or Possession by:

_____ handing a copy personally to _____

_____ posting it in a conspicuous place on the premises described above.

This _____ day of _____, _____