



IRA H. GROLMAN  
FRANK T. EARLE III  
STEVEN K. HEMINGWAY  
JEFFREY R. LARNARD  
WILLIAM P. ISENBERG  
PATRICK M. GROULX

Date

Tenant's Name  
Tenant's Address, Unit #  
City, MA Zip Code

**NOTICE TO QUIT AND/OR NOTICE OF TERMINATION  
PURSUANT TO G.L. C. 139 §19**

Dear Mr./Ms. Tenant's Last Name:

You are hereby notified to quit and deliver up at the expiration of that month next following after your receipt of this notice, the premises which you occupy, to wit:

The entire premises located at Tenant's Address, Unit #, City, Massachusetts, together with all the landlord's appurtenances thereto belonging.

The reason that your tenancy is being terminated pursuant to your Residential Agreement, a copy of which is attached hereto and incorporated herein, is because you have (reason of tenant has breached lease) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you remain in the above unit on the date specified for termination we may seek to enforce termination only by bringing an action in court, at which time you may present a defense; you may be required to pay court costs and attorney's fees if it is instituted.

All monies paid by you hereafter will be accepted solely for the use and occupancy of the aforementioned premises and are received with a reservation of all the rights under this Notice to Quit in any eviction proceedings based thereon. No tenancy is intended to be created by the acceptance of such monies or by any other act or failure to act on our part.

You are hereby notified to produce this notice at any court where this case may be heard.

Very truly yours,

\_\_\_\_\_  
Signature

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, ss.

\_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_, on this day, \_\_\_\_\_, served the within names  
\_\_\_\_\_, a notice, (by giving to him/her in hand) (by leaving  
at his/her last and usual place of abode) (with any adult member of the household) the  
(original)(Copy) of the within notice.

Said service was made at \_\_\_\_\_, Massachusetts. Afterwards, on the  
same day, I mailed a second copy hereof to such place of abode.

\_\_\_\_\_  
Printed name of person serving

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\*\*\* Please note: this sample form is provided for educational purposes only and should not be used without first consulting with an attorney about the specific facts of your case. The provision of this document or any collateral material is not intended to create, nor does it create, an attorney-client relationship.\*\*\*