Kurt N. Strauss & Associates

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Please fill out and fax or email a copy, or if you prefer, just call.

Property Owner:	_Agent:
Owner Address:	
Building Name:	
Building Address:	
Contact Number: Email:	
Onsite Manager's Name:	
Supervisor's Name:	Phone:
Was notice served? Yes No	
Type of notice if served: 3 Day Pay or Quit Per	rform Covenant or Quit
30 Day Quit 60 Day Quit	
Date Notice Served	
How was it served? Personal Post and Mail	
Substitute Substitute's name	
Tenant (s) name:	
Please send this form with a copy of any rental agreement, notice served, and any	

rent increase notices.