

DATE



—— HOUSING STABILITY for ALL —— OKLAHOMA							
TENANT'S NAME:					DATE:		
TENANT'S ADDRESS:							
TENANT'S PHONE NUMBER:			TENANT'S	TENANT'S EMAIL:			
LANDLORD / PROPI	ERTY MANAGER'S N	IAME:					
On	FIRST NOTICE ,	l informed yo	u of the follow	/ing issue wi	ith my residence	ə:	
As that issue has not been resolved, I am now notifying you of the following (select one): If the issue is not resolved within 14 days of you receiving this notice, I will pay for the repair myself and deduct the cost from my rent. Per Oklahoma's Landlord Tenant Act, I							
have the right to deduct an amount not to exceed one month's rent. I will provide itemized receipts for any completed repairs and/or maintenance.							
☐ If the issue is not resolved within 14 days of you receiving this notice, I will end my lease and move out. My lease will end at least six weeks from the date you received this notice. My lease will end on if the issue is not resolved. I understand I am responsible to pay rent during this time.							
THE BEST WAY TO CONTACT ME IS (CHECK ONE OR MORE):							
DAYS/TIMES I CAN BE AVAILABLE TO LET SOMEONE IN (CHECK ALL THAT APPLY):							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	' FRIDAY	SATURDAY	
☐ MORNING ☐ AFTERNOON ☐ EVENING	☐ MORNING ☐ AFTERNOON ☐ EVENING	☐ MORNING ☐ AFTERNOON ☐ EVENING	☐ MORNING ☐ AFTERNOON ☐ EVENING	☐ MORNING ☐ AFTERNOO ☐ EVENING	☐ MORNING ☐ AFTERNOON ☐ EVENING	☐ MORNING ☐ AFTERNOON ☐ EVENING	
ADDITIONAL COM	MENTS:						
TENANT'S NAME (PRINTED)				LANDLORD / PROPERTY MANAGER'S NAME (PRINTED)			
TENANT'S SIGNATURE				LANDLORD / PROPERTY MANAGER'S SIGNATURE			