STATE OF WISCONSIN CIRCUIT COURT WAUKESHA COUNTY

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

     ,

Plaintiff(s),

vs. CASE #

     ,

Defendant(s).

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

**AFFIDAVIT OF SERVICE OF NOTICE OF TERMINATION OF TENANCY**

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

STATE OF WISCONSIN )

 )ss

WAUKESHA COUNTY )

The undersigned, being first sworn on oath, deposes and says:

1. I am an adult resident of the State of Wisconsin and make this affidavit upon personal knowledge.
2. I provided the tenant(s),      , with the following type of notice of termination of tenancy:
	1. [ ]  5-Day Notice c. [ ]  28-Day Notice
	2. [ ]  14-Day Notice d. [ ]       -Day Notice
3. The notice of termination of tenancy was served upon the tenant in the following manner:
	1. [ ]  Personal Service: given to tenant personally.
	2. [ ]  Substituted Service: leaving a copy with any competent person apparently in charge of the rented premises or occupying the premises or a part thereof, and by mailing a copy by regular or other mail to the tenant's last-known address.
	3. [ ]  Post & Mail: Only permissible if reasonable diligence was exercised to serve the tenant via personal service. Attempts to personally deliver made at the following dates & times: (1)      , (2)      , (3)      .
	4. [ ]  Certified Mail: please attach certified mail receipt.

|  |  |
| --- | --- |
| Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Subscribed and sworn to before me on  | Landlord or Agent of Landlord  |
| this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Notary Public State of Wisconsin  |
| My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |