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.

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| --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |