

NOTICE TO PAY OR QUIT

Date:

Tenant Name(s):

Property Address:

TO TENANT(S) AND ALL OTHERS IN POSSESSION OF THE PREMISES:

PLEASE TAKE NOTICE that under the terms of the lease agreement dated _____ (the "Lease") for the premises listed above currently occupied by you, there is unpaid and delinquent rent in the total sum of \$_____ for the period from _____ to _____.

You are required to pay the total amount past due in full within _____ days of delivery of this notice. Unless payment is made by _____, the lease will be terminated, and you must vacate the premises. Failure to pay the total amount past due or vacate the premises by this date will result in eviction proceedings being initiated against you.

This notice is pursuant to applicable laws in the state of _____ and in no way impairs or limits any of the other rights and remedies provided under the lease agreement and said laws.

Landlord Signature

Name: _____

Address: _____

Phone Number: _____