

LANDLORD'S FIVE DAY NOTICE

To _____

YOU ARE HEREBY NOTIFIED, that there is now due _____ the sum of _____ dollars and _____ Cents, being rent for the premises situated in _____ and known and described as follows, viz: The _____ of No. _____ St. otherwise described as _____

AND YOU ARE FURTHER NOTIFIED, that payment of said sum so due, has been and is hereby demanded of you, and unless payment thereof is made on or before the _____ day of _____ 20____, your Lease of said premises will be terminated. _____ (Agent) at No. _____ St., is hereby authorized to receive said rent, so due, for _____ (Landlord).

Only full payment of the rent demanded in this Notice will waive the Landlord's right to terminate the lease under this notice, unless the Landlord agrees in writing to continue the lease in exchange for receiving partial payment.

Dated at _____ this _____ day of _____ A.D.

20_____.

Landlord

By _____

Agent

SHERIFF'S FEES

Service and return.....\$ _____

Miles.....\$ _____

Total.....\$ _____

Sheriff of _____ County

I certify that I served this summons on defendants as follows:
(check appropriate box, and complete information below)

- (a)-(Individual defendants-personal):
By leaving a copy and a copy of the complaint with each individual defendant personally.
- (b)-(Individual defendants-abode):
By leaving a copy and a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 13 years or upwards, informing that person of the contents and also by sending a copy of the summons in a sealed envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode.
- (c)-(Corporation defendants):
By leaving a copy and a copy of the complaint with the registered agent, officer or agent of each defendant Corporation.

(d)-(Other service):
Name of Deft _____ Name of Deft _____

Name of Person _____ Name of Person _____
Summons given to _____ Summons given to _____

Sex ___ Race ___ Approx Age ___ Sex ___ Race ___ Approx Age ___

Place of Service _____ Place of Service _____

Date of Service _____ Time _____ Date of Service _____ Time _____

Date of Mailing _____ Date of Mailing _____

Sheriff of _____ County

By _____, Deputy