

# IDAHO 3-DAY NOTICE TO PAY RENT OR QUIT

\_\_\_\_\_, 20\_\_

To: \_\_\_\_\_

Rental Address:

\_\_\_\_\_

**YOU ARE HEREBY NOTIFIED THAT**, under the terms of: (Check one)

- Your tenancy (if no original agreement)
- The Lease Agreement dated \_\_\_\_\_, 20\_\_
- The Rental Agreement dated \_\_\_\_\_, 20\_\_
- The Residential Lease Agreement dated \_\_\_\_\_, 20\_\_
- Other: \_\_\_\_\_

(the "Lease") for the rent and use of the premises listed above now occupied by you:

Your rent for the period from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_ is PAST DUE. Accordingly, you owe the following amounts:

Rent past due:	\$ _____
Late fee:	\$ _____
<b>Total Amount Past Due</b>	<b>\$ _____</b>

**I demand payment in full of the total amount past due within three (3) days from the date of delivery of this notice.** UNLESS PAYMENT IS MADE BY SUCH DATE, THE LEASE WILL BE TERMINATED AND YOU MUST VACATE THE PREMISES. You are further notified that unless you pay the total amount past due or vacate the premises by such date, legal action may be initiated against you.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND IDAHO CODE § 6-303. NOTHING IN THIS NOTICE IS INTENDED OR SHALL BE CONSTRUED AS A WAIVER BY THE LANDLORD OF ANY RIGHTS OR REMEDIES THE LANDLORD MAY HAVE UNDER THE LEASE OR UNDER STATE OR FEDERAL LAW.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Landlord's Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the State of Idaho, that on \_\_\_\_\_, 20\_\_, I served a true copy of the attached Notice of Termination in the following method:

Personal delivery to \_\_\_\_\_ at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Substituted delivery left with/at \_\_\_\_\_ at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Posted delivery at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Registered mail, return receipt requested to \_\_\_\_\_ at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Certified mail, return receipt requested to \_\_\_\_\_ at the following address: \_\_\_\_\_  
\_\_\_\_\_.

Signed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_