

State of Florida

# EVICITION NOTICE

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## 3-Day Notice to Pay Rent or Quit

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

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

Rental Property: \_\_\_\_\_, City of \_\_\_\_\_, FL \_\_\_\_\_

**YOU ARE HEREBY NOTIFIED THAT**, under the terms of the lease agreement dated \_\_\_\_\_, 20\_\_\_\_ (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. You are indebted to me in the sum of \$\_\_\_\_\_, and **I demand payment of the rent or possession of the premises within:** (Check one)

- 3 days** (the minimum required by law)
- \_\_\_\_\_ **days** (number of days stated in original lease agreement)

(excluding Saturday, Sunday, and legal holidays) from the date of delivery of this notice, to with **on or before** \_\_\_\_\_, 20\_\_\_\_. The sum represents the following amounts:

Rent past due: \$\_\_\_\_\_

Late fee: \$\_\_\_\_\_

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**Total Amount Past Due** \$\_\_\_\_\_

You are further notified that if you do not pay the total amount past due or vacate the premises by such date, legal action may be initiated against you.

Payment must be made: (Check one)

In personal at the landlord's address. Payment must be made in person at the address below between the hours of \_\_\_\_:\_\_\_\_ AM/PM to \_\_\_\_:\_\_\_\_ AM/PM, on: (Check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday



Saturday

Sunday

By mail to the landlord's address. Payment must be made by mail to the address stated below.

Other: \_\_\_\_\_.

THIS IS A: (Check one)

**3 DAY NOTICE.** (the minimum required by law)

\_\_\_\_\_ **DAY NOTICE.** (number of days stated in original lease agreement)

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND FLORIDA STATUTES §83.56(3). 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.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

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

Address: \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_

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 Florida, 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: \_\_\_\_\_

