

EVICTION NOTICE

10-Day Notice to Quit for Non-Compliance

_____, 20__

To: _____

Rental Property:

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:

YOU ARE CURRENTLY IN VIOLATION (of Section _____) OF THE LEASE AS FOLLOWS: _____

_____.

The violation is: (Check one)

Curable. Demand is made that you remedy the violation on or before _____, 20__ or the tenancy will be terminated and you must vacate the premises. You are further notified that unless you correct the violation or vacate the premises, legal action may be initiated against you.

Incurable. The tenancy is hereby terminated and you must vacate the premises and deliver possession of the same to me on or before _____, 20__ at __:____ AM/PM. You are further notified that unless you vacate the premises, legal action may be initiated against you.

THIS IS A: (Check one)

- 10 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 735 ILCS 5/9-210. 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 Info:

Name: _____

Address: _____

Phone Number: _____



AFFIDAVIT OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the State of Illinois, 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 to _____, a person at least 13 years of age and residing at _____.

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

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

Posted delivery at the following address: _____
_____.

Signed by: _____

Print Name: _____

Date: _____



ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Illinois)
)
County of _____)

On this day, personally appeared before me, _____, to me known to be the person(s) described in and who executed the within instrument, and acknowledged that they signed the same as their voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed on this day of _____, 20__.

Signature

Notary Public

My Commission Expires: _____

