

# EVICTIION NOTICE

## 5-Day Notice to Pay Rent or Quit

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

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

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

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

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

**I demand payment in full of the total amount past due on or before \_\_\_\_\_, 20\_\_.** 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.

Payment must be made: (Check one)

In person 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)

- 5 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 5/9-209. 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: \_\_\_\_\_

