

State of Indiana

EVICTION NOTICE

10-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: \$ _____

Total Amount Past Due \$ _____

I demand payment in full of the total amount past due on or before ten (10) 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 INDIANA CODE SECTION 32-31-1-6. 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 Indiana, 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: _____

