EVICTION NOTICE

10-Day Notice to Pay Rent or Quit

_____, 20____

То: _____

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 you owe the following amounts:	, 20 to	, 20 is PAST DUE. Accordingly,
Rent past due:	\$	
Late fee:	\$	
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

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

□ Other: _____.

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 IN ACCORDANCE WITH THE LEASE AND NORTH CAROLINA GENERAL STATUTES §42-3. 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.

Signature

Date

Landlor	d Info:		
Name:			

Address: _____

Phone Number: _____

PROOF OF SERVICE

I, th Sta of ⊺	he undersigned, being at least 18 years of te of North Carolina, that on Fermination in the following method:	age, declare under penalty of perjury under the laws of the , 20, I served a true copy of the attached Notice
		at the following address:
		at the following address:
		at the following address:
		_ at the following address:
Sig	ned by:	
Prii	nt Name:	
Dat	te:	

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