DEMAND FOR PAYMENT (LANDLORD'S FIVE DAY NOTICE)

DATE
TENANT NAME ALL UNKNOWN OCCUPANTS ADDRESS
CITY STATE ZIO
Dear TENANT:
Your account is severely past due in the amount of \$ as of DATE. Your last payment received was \$ on DATE for PROPERTY ADDRESS.
Payment must be made in full within 5 days of the date above. Payment must be made via certified bank check, no exceptions. If payment is not received on or before DUE DATE (five days from receipt of notice), owner/landlord of the property will have deemed your tenancy terminated and you must vacate the premises immediately. If you fail to vacate the premises eviction proceedings shall be commenced.
This is a serious matter that must be responded to immediately.
If you have any questions, comments, or concerns, please feel free to contract us at (000) 000-0000.
Sincerely,
Landlord
AFFIDAVIT OF SERVICE
I,
thereof to () mailing a copy via certified mail, return receipt requested at the tenant's address stated above.
(signature of person delivering notice)
SUBSCRIBED and SWORN to before me this day of
Notary Public: