

FIVE -DAY EVICTION NOTICE

Lessee(s) Name(s) {and all other unknown occupants}:			
Address of leased premises:			Apartment/Unit:
In the City of:	County of: State of Illinois, Sangamon, IL	Zip:	
Total rent due is:	For the month(s) of:		
Name of Lessor or Authorized Agent:			
Address of Lessor or Authorized Agent:	City:	State: IL	Zip:

To Lessee: This is a five-day eviction notice.

You are hereby notified that there is now due to Lessor, rent and only rent, in the amount set forth above for said premises, and that a demand is being made upon you for payment of said rent in full.

AND, you are further notified, that payment of said sum of rent is due, AND, unless full payment thereof is made on or before five (5) days after service of this notice upon you, your lease of said premises will be terminated.

The lessor (or the authorized agent named above at the agent's address) is hereby authorized to receive said rent due.

ONLY FULL PAYMENT of the rent demanded in this notice will waive the lessor's right to terminate the lease under this notice, unless the lessee agrees in writing to continue the lease in exchange for receiving partial payment.

By: _____ **Date:** _____
Signature of lessor or duly authorized agent

Date and time of Service:	Served by (Name):	Describe Method of Service (Hand Delivered, Post, Etc.):