ARKANSAS 10-DAY NOTICE TO QUIT | NON-PAYMENT

Date:	(mm/dd/yyyy)			
To:			(Tenant Name(s))	
Rental (Premises) Street	Address:			
Unit #: City:	State: Arkansas			
			This amount does not ed for non-payment of late fees.	
must vacate within 10 day period ends, you will be gu	vs. If you have not vacuilty of a misdemeanor f convicted, you may fa	ated the premise and a criminal ev ace a maximum fi	occupy the premises, and you as before the 10-day notice viction action (failure to vacate) and of \$25.00 each day that you	
Date and time by which y	ou must vacate:			
Date:	(mm/dd/yyyy)	Time:	(□ AM □ PM)	
andlord / Agent Signature:		Printed N	Printed Name:	
	- CERTIFICATE	E OF SERVIC	E	
	ertify that on (mm/dd/yyyy) I served this notice to (Tenant / Recipient name) by:			
□ - Delivering it person	onally to the person in	possession of th	e Premises.	
employee of suita			s family or household or an hat it be delivered to the	
·		e person in poss	ession of the Premises.	
Landlord / Agent Signatur	e:			