KANSAS 10-DAY NOTICE TO QUIT | NON-PAYMENT

Date:	(mm/aa/yyyy)		
To:			(Tenant Name(s))
Rental (Premises) Street	Address:	04-4	V
Unit #: City:		State: I	Kansas
			This amount does not differ non-payment of late fees.
	-		at least ten (10) days after the d, and you will be required to
Date and time by which	rent must be paid:		
Date:	(mm/dd/yyyy)	Time:	(□ AM □ PM)
If you pay your rent in full before the date and time above, you do not have to move.			
If you do NOT pay your rent or move by the date and time above, a lawsuit may be filed to evict you.			
Landlord / Agent Signature	D:	Printed Name:	
	CERTIFICAT	E OF SERVICE	:
	t on (mm/dd/yyyy) I served this notice to (Tenant / Recipient name) by:		
		. , .	
□ - Delivering it person			
 Delivering it to the Premises to a member of the Tenant's family or household or an employee of suitable age and discretion with a request that it be delivered to the 			
• •	able age and discretion sion of the Premises.	n with a request tha	at it be delivered to the
□ - Certified first-class mail addressed to the person in possession of the Premises.			
Landlord / Agent Signatur	re:		