## LOUISIANA 5-DAY NOTICE TO QUIT | EXPIRATION OF TERM

Date:	(mm/dd/yyyy)		
To:			(Tenant
Name(s))			
Rental (Premises) Street A	ddress:		
Unit #: City:			
You are hereby notified that vacate the premises descrit you receive this notice. If to evict you.	bed in the address abo	ve within five (5) days after	er the date and time
Landlord / Agent Signature:		Printed Name:	
	- CERTIFICATE C	OF SERVICE	
I certify that on	(mm/dd/yyy (Tenant / Recipie		
<ul> <li>Delivering it to the employee of suitaberson in possession</li> </ul>	Premises to a member of the age and discretion with on of the Premises.	ssession of the Premises. of the Tenant's family or h ith a request that it be deli person in possession of the	ousehold or an ivered to the
Landlord / Agent Signature	:		