SOUTH CAROLINA 5-DAY NOTICE TO QUIT | NON-PAYMENT

Date:	(mm/aa/yyyy)		
То:			(Tenant Name(s))
Rental (Premises) Street	Address:		
Unit #: City:		State	: South Carolina
			This amount does not ed for non-payment of late fees.
• •	-		at least five (5) days after the ed, and you will be required to
Date and time by which r	ent must be paid:		
Date:	(mm/dd/yyyy)	Time:	(□ AM □ PM)
If you pay your ren	t in full before the date	and time above, y	you do not have to move.
If you do NO	OT pay your rent or r a lawsuit may be	•	•
Landlord / Agent Signature	:	Printed N	lame:
	- CERTIFICATI	E OF SERVIC	E
	tify that on (mm/dd/yyyy) I served this notice to (Tenant / Recipient name) by:		
employee of suita person in possess	e Premises to a memb ble age and discretion sion of the Premises. s mail addressed to the	er of the Tenant's	e Premises. s family or household or an nat it be delivered to the ession of the Premises.