**SOUTH DAKOTA 3-DAY NOTICE TO QUIT | TERM EXPIRATION**

Date: [MM/DD/YYYY]

To: [TENANT NAME(S)]

Rental (Premises) Street Address: [STREET ADDRESS] Unit #: [UNIT# (IF APPLICABLE)]

City: [CITY] State: South Dakota

You are notified that your lease term at the address described above terminated without renewal on [MM/DD/YYYY] at [HH:MM]  AM |  PM and that you must vacate the premises within three (3) days of receiving this notice. If you fail to vacate within this timeframe, a Forcible Detainer and Entry action may be filed to evict you.

Landlord / Agent Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Printed Name: [PRINTED NAME]

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I certify that on [MM/DD/YYYY] I served this notice to

[TENANT / RECIPIENT NAME] by:

- Delivering it personally to the person in possession of the Premises.

- 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

person in possession of the Premises.

- Certified first-class mail addressed to the person in possession of the Premises.

Landlord / Agent Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)