

SOUTH DAKOTA 3-DAY NOTICE TO QUIT | TERM EXPIRATION

Date: _____ (mm/dd/yyyy)

To: _____ (Tenant Name(s))

Rental (Premises) Street Address: _____

Unit #: _____ City: _____ State: South Dakota

You are notified that your lease term at the address described above terminated without renewal on _____ (mm/dd/yyyy) at _____ 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: _____ Printed Name: _____

----- CERTIFICATE OF SERVICE -----

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: _____