

**NEW YORK 10-DAY NOTICE TO QUIT FOR THE
NON-PAYMENT OF RENT**

Date: _____ Property/Landlord's Name: _____

Contact Name: _____ Phone #: _____

Landlord Contact Email Address: _____

Tenant's Full Name: _____

Tenant's Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Non-Payment of Rent - According to RPL §§ 751(1) the tenant is allowed up to **ten (10)** **days** to pay the landlord, in full, along with any additional charges/penalties or vacate the premises on or before _____, 20____.

Landlord/Agent Signature _____

CERTIFICATE OF SERVICE

Type of Service

- Delivered a copy to him / her personally: Signature _____

- Left a copy with a competent household member over 14 years of age residing therein - indicate name & relationship:

Household Member's Signature _____

- Delivered through Certified Mail.

- Left on the property in a conspicuous place (such as under or on the front door).