

**FIVE DAY EVICTION NOTICE**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOU ARE HEREBY NOTIFIED THAT YOU MUST VACATE THE PREMISES OWNED BY THE UNDERSIGNED, LOCATED IN CLARKE COUNTY, VIRGINIA, WITHIN FIVE (5) DAYS FOR FAILURE TO PAY RENT.

YOU HAVE FIVE (5) DAYS FROM THE DATE OF RECEIPT OF THIS NOTICE TO PAY OR VACATE THE PREMISES PURSUANT TO SECTION 55-248.31:1 OF THE CODE OF VIRGINIA OF 1950, AS AMENDED.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

Note: There is a \$12.00 per person service fee.