

NONPAYMENT OF RENT NOTICE 144-HOUR



TENANT NAME(S): _____ and all other occupants
 RENTAL ADDRESS: _____ UNIT# _____
 CITY: _____ STATE: _____ ZIP: _____

DATE SERVED: ___ __ __, TIME SERVED: ____:____ am/pm
Circle one

Your rent is now at least four (4) days past due. This is your written notice of termination for failing to pay your rent when due.

THE AMOUNT OF RENT DUE IS: \$_____.

Please note that this amount does not include security deposits, fees, utility or service charges which may be due but are not included.

TYPE OF SERVICE / PAYMENT DEADLINE:

- Personal service/delivery.** You must pay your rent by midnight - end of day on ___ __ __ (*must be at least 144 hours from service*) or your rental agreement will terminate on that date and time.
- First Class Mail.** The time limit for the payment of your rent or for terminating your tenancy has been extended by at least three days not including the date this notice was mailed. You must pay your rent by midnight - end of day on ___ __ __ (*must be at least 144 hours from service, not including extra days required when service is only done by first class mail*) or your rental agreement will terminate on that date and time.
- Post and Mail.** Your rental agreement allows for service by attachment and mail by either the Landlord or Tenant. You must pay your rent by midnight - end of day on ___ __ __ (*must be at least 144 hours from service*) or your rental agreement will terminate on that date and time.

YOUR RENT MUST BE PAID AT THE FOLLOWING LOCATION:

If your rent is not paid within the time indicated, your rental agreement will terminate and the Landlord will proceed to take possession of the premises as provided by ORS 105.105 to 105.168.

If this box is checked, payment must be paid by money order or cashier's check due to the return of previous checks.

STATEMENT OF ACCOUNT

This box is for informational purposes only. You may avoid termination by paying the above listed "AMOUNT OF RENT DUE." However, you are responsible for the total outstanding amount.

Past Due Rent:	\$_____
Late Charges	\$_____
NSF Fee:	\$_____
Other: _____	\$_____
Other: _____	\$_____
Total Outstanding:	\$_____

