
Resident Name(s)

Address

City

State

Zip

Owner / Agent

Address

City

State

Zip

Pursuant with RCW 59.18.200, this is notice to vacate at least 20 days prior to the last day of the rental period and will vacate by

The forwarding address for the deposit will be:

Resident Name(s)

Address

City

State

Zip

ACKNOWLEDGMENT

All residents, signed below, give permission to the Owner / Agent to enter the unit without notice for purposes of showing to perspective Tenants.

DATED this _____ day of _____, 20____.

(date) (month) (year)

RESIDENT

RESIDENT

RESIDENT