

Owner/ Agent Name: \_\_\_\_\_

Resident Name(s): \_\_\_\_\_

Premises Address: \_\_\_\_\_

Building Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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: \_\_\_\_\_

**ACKNOWLEDGMENT**

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

Resident: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_