

20 Day Notice of Termination of Tenancy

Owner / Landlord / Property Mgr Name,

Landlord/Owner/Agent,

vs.

Name(s)

Address

City, State, Zip

Phone,

Tenant(s).

20 DAY NOTICE TO TERMINATE TENANCY (RCW 59.12.030(2))

County of : _____
In and For the State of Washington

1. YOU AND EACH OF YOU ARE HEREBY NOTIFIED and informed that your tenancy for the certain premises situated in the above county and at the above address is hereby terminated on the date set forth below, and that on said date, you will be required to surrender possession of said premises to said owner or his/her agent named above.
2. Termination Date: _____ (served 20 days before end of rental period)
3. IN THE EVENT of your failure to do so within the said period, you will be guilty of Unlawful Detainer, subject to eviction as provided by law and judicial proceedings will be instituted for your eviction. Under the law and/or under your lease/rental agreement, you will be held responsible to pay damages and all costs and attorneys fees incurred by the Owner to evict you.

Dated this _____ day of _____ 20____ at _____, Washington.

Signature of Landlord / Owner / Agent

Owner Name

Address

City, State, Zip

Phone

Fax

Email Address

Agent Name (if applicable)

Address

City, State, Zip

Phone

Fax

Email Address