



Property Management

Due No Later Than:

NOTICE OF INTENT TO VACATE

Please be advised that the undersigned(s) intend to terminate the tenancy of:

Tenant's Name _____

Tenant's Name _____

Address _____

City - State _____ Zip _____

On (Date Terminating) _____ **(Must be last day of the month)**

****Please note as per WA State Landlord/Tenant Laws, notice to vacate is due 20 days PRIOR to the 1st of the month.**

Tenant's signature _____ Date _____

Tenant's signature _____ Date _____

Co-signer's signature _____ Date _____

Co-signer's signature _____ Date _____

FORWARDING ADDRESS _____

City - State _____ Zip _____

Telephone (if available) Area Code () _____

Reason for Moving

Management hereby acknowledges receipt of this notice on:

