

WASHINGTON 10-DAY NOTICE TO QUIT FOR NON-COMPLIANCE

_____, 20__

To: _____

Rental Address:

YOU ARE HEREBY NOTIFIED THAT, under the terms of: (Check one)

- Your tenancy (if no original agreement)
- The Lease Agreement dated _____, 20__
- The Rental Agreement dated _____, 20__
- The Residential Lease Agreement dated _____, 20__
- Other: _____

(the "Lease") for the rent and use of the premises listed above now occupied by you:

YOU ARE CURRENTLY IN VIOLATION (of Section _____) OF THE LEASE AS FOLLOWS: _____

_____.

The violation is: (Check one)

- Curable. Demand is made that you remedy the violation within ten (10) days from the date of delivery of this notice or the tenancy will be terminated and you must vacate the premises.** You are further notified that unless you correct the violation or vacate the premises, legal action may be initiated against you.
- Incurable. The tenancy is hereby terminated and you must vacate the premises and deliver possession of the same to me within ten (10) days from the date of this notice.** You are further notified that unless you vacate the premises, legal action may be initiated against you.

THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH THE LEASE AND WASHINGTON REVISED CODE SECTION 59.12.030(4). NOTHING IN THIS NOTICE IS INTENDED OR SHALL BE CONSTRUED AS A WAIVER BY THE LANDLORD OF ANY RIGHTS OR REMEDIES THE LANDLORD MAY HAVE UNDER THE LEASE OR UNDER STATE OR FEDERAL LAW.

Signature

Date

Landlord's Contact Information:

Name: _____

Address: _____

Phone Number: _____

PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury under the laws of the State of Washington, that on _____, 20_____, I served a true copy of the attached Notice of Termination in the following method:

Personal delivery to _____ at the following address:

_____.

Substituted delivery left with/at _____ at the following address:

_____.

Posted delivery at the following address:

_____.

Registered mail, return receipt requested to _____ at the following address:

_____.

Certified mail, return receipt requested to _____ at the following address:

_____.

Signed by: _____

Print Name: _____

Date: _____