



**MULTIFAMILY NW**  
The Association Promoting Quality Rental Housing

WASHINGTON  
**END OF TENANCY NOTICE**  
MONTH-TO-MONTH OR NON-RENEWAL OF LEASE



EQUAL HOUSING  
OPPORTUNITY

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
RESIDENT NAME(S) \_\_\_\_\_  
UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ and all others.  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SAMPLE**

**You are hereby notified that your tenancy of the Premises located at the address written above is terminated on the SAMPLE day of SAMPLE, 20AMPL and on that day you will be required to surrender possession of the Premises to Owner/Agent named below.**

- Termination date must be the last day of the month.
- Notice must be given at least 20\* days before the end of the month; otherwise, tenancy continues until the end of the next month.

\* (City of Vancouver) This notice must be given at least 60 days before the end of the month in which the tenancy will terminate if: (a) the rental unit is located within the City of Vancouver, and (b) Owner owns a total of 5 or more dwelling units, all of which are available for rent (regardless of whether the rental units are all in the same location/complex).

**In the event possession is not surrendered in accordance with this Notice, judicial proceedings will be instituted for your eviction. Under the law and/or under your Rental Agreement, you will be held responsible to pay damages and all costs and attorneys' fees incurred by Owner/Agent to evict you.**

Service of this Notice was completed on \_\_\_\_\_, at \_\_\_\_\_ in the following manner:

DATE TIME (AM/PM)

- By delivering a copy to Resident(s) personally.
- By leaving a copy with some person of suitable age and discretion at Resident's place of residence and sending a copy through the mail, first class and postage prepaid, to Resident's place of residence.
- By posting a copy in a conspicuous place on the Premises, there being no person of suitable age or discretion to be found at the Premises, and mailing a copy, first class and postage prepaid, addressed to Resident(s) at the Premises.

OWNER/AGENT X SAMPLE SAMPLE  
ADDRESS SAMPLE  
SAMPLE  
TELEPHONE SAMPLE

ON SITE     RESIDENT     MAIN OFFICE (IF REQUIRED)