

Resident Name(s) _____

Address _____ Unit# _____ City _____ State _____ Zip _____

Building Name _____ Date _____

I am a Resident at the Premises identified above (the "Premises").

I am the sole occupant of the Premises.

I hereby designate _____ ("Designee") as my Tenant Representative as defined in RCW 59.18.030(27). My Designee's contact information is as follows:

Name: _____

Mailing Address: _____

Electronic Communication Address: _____

Telephone Number: _____

Should I die during the course of the tenancy at the Premises, I hereby authorize the Owner/Agent of the Premises to allow the Designee access to the premises for the purposes of accessing the Premises, removal of my personal property, receive any funds owed to me by the Owner/Agent, and for disposal of my property consistent with my last will and testament, and any applicable intestate succession laws.

I, the undersigned, understand this designation remains in effect unless revoked or replaced by me with a new designation, and that I may change my Designee or revoke this designation, in writing, at any time prior to my death.

DATED this _____ day of _____, 20____.

(date) (month) (year)

SIGNATURE

PRINTED NAME