Lease Termination Letter

 State of Washington

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(All Tenants and Occupants in possession of the Property)

The Property being located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Please score a black line through the non-applicable one.*

I am the (Tenant/ Landlord) and this is my official notice that the lease entered into on \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year will be terminated on the \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year and you must surrender possession of the Property on this date. Termination for the (Tenant/ Landlord) must be at least twenty (20) days from the next payment date.

Upon the Tenant surrendering possession of the Property a move-out inspection shall be conducted by both parties on \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year. After the move-out inspection of the Property, the security deposit of \_\_\_\_\_\_\_ Dollars ($\_\_\_\_\_\_\_\_) will be delivered to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_.

LANDLORD/ AGENT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD/ AGENT’S PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROOF OF SERVICE

I certify that on \_\_\_\_ day, \_\_\_\_\_\_\_ month, \_\_\_\_\_\_ year I personally delivered the attached Eviction Notice to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please tick the applicable one.*

( ) personally at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) a person of suitable age and discretion at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) by first class mail to the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_