TWENTY DAY MOVE OUT NOTICE TO LANDLORD

	_ANDLORD / Agent that I,					
	of my intent to terminate residency at th					
	, Apt. #, loca					
County of	, State of Washington on the		day of		, 20	
Dated this	day of	, 20	in City of			
County of	, State of Washington					
TENANT Signature						
Forwarding Address						



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IERA FORM 503