

# THREE DAY NOTICE TO PAY RENT OR QUIT PREMISES (RCW 59.12.030(3))

To: \_\_\_\_\_, and to all other occupants in possession.  
LIST ALL TENANTS HERE

YOU AND EACH OF YOU ARE HEREBY NOTIFIED that the rent for the premises herein-after described (under "property address"), which you hold and occupy as Tenant under a Lease or Rental Agreement, written or oral, in \_\_\_\_\_; is past due. **Your monthly rent amount is \$\_\_\_\_\_.**  
COUNTY MONTHLY RENT

## PROPERTY ADDRESS:

\_\_\_\_\_  
ADDRESS UNIT OR APT. #  
\_\_\_\_\_  
CITY STATE ZIP CODE

## BALANCE SUMMARY

Rent due for \_\_\_\_\_ ..... \$ \_\_\_\_\_  
CURRENT MONTH  
Balance due from prior months ..... \$ \_\_\_\_\_  
Total rent due ..... \$ \_\_\_\_\_

YOU ARE NOTIFIED AND REQUIRED to pay the same unto the undersigned within three (3) days of the date of service of this Notice upon you, or in the alternative, to vacate and surrender said premises. Your failure to comply with this Notice within three (3) days after receipt hereof will result in your being in unlawful detainer of the premises described and subject to judicial proceedings to cause you to be evicted from the premises.

**NOTE: Payment must be by cash or certified funds.**

OWNER / AGENT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
OWNER / AGENT

## ADDRESS WHERE RENT IS TO BE PAID:

\_\_\_\_\_  
ADDRESS UNIT OR APT. #  
\_\_\_\_\_  
CITY STATE ZIP CODE

## DECLARATION

I, the undersigned, say: I am over the age of 18 years. I served this document on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_ A.M. / P.M.  
DATE TIME  
in the following manner:

- personal service upon \_\_\_\_\_ leaving \_\_\_\_ copy(s).
- by knocking on the door and after there was no answer, posting \_\_\_\_ copy(s) in a conspicuous place on the premises and mailing a copy to each party named on the 3-Day Notice. This Notice was mailed in \_\_\_\_\_ County.  
COUNTY
- by leaving \_\_\_\_ copy(s) with \_\_\_\_\_ at the premises and by mailing a copy to each party named on the 3-Day Notice. This Notice was mailed in \_\_\_\_\_ County.  
COUNTY

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_, WA \_\_\_\_\_  
DATE CITY SERVER SIGNATURE