

Resident Name(s)

Address

City

State

Zip

Building Name

Date

The rental property at the above address has been designated as a: "Smoke Free Residence" requiring all Residents / Occupants, guests and invitees to refrain from smoking within the above mentioned dwelling.

- "Smoke Free Building" requiring all Residents / Occupants, guests and invitees to refrain from smoking within all units and the common areas of subject property.
- Smoking is prohibited in all public areas of residential properties in accordance with RCW 70.160.075. Smoking in public is allowed only if done in excess of 25 feet from an entrance/exit.
- Other: _____

ACKNOWLEDGMENT

Resident(s) agree(s) to comply with this addendum and understand(s) that the enforcement upon its guests and invitees will be Resident's responsibility. Non-compliance with the smoke free addendum may result in one or more of the following actions by Owner / Agent:

1. Service of a 10 Day Notice to Comply with Agreement or Vacate
2. Forfeiture of all or part of your security deposit due to any resulting smoke damage/odor
3. Eviction action in enforcement of the lease terms and this addendum.

I / We agree to the addition of the provisions identified herein to our WA State Lease / Rental Agreement & Security Deposit Receipt.

DATED this _____ day of _____, 20____.

(date) (month) (year)

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year first above written.

OWNER / AGENT

RESIDENT

RESIDENT

RESIDENT