

Resident Name(s) \_\_\_\_\_

Address _____	Unit _____	City _____	State _____	Zip _____
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Building Name _____	Date _____
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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 all types of smoking within the above mentioned dwelling.

- "Smoke Free Building" requiring all Residents / Occupants, guests and invitees to refrain from all types of smoking within all units balcony/patio and the common areas of subject property.
- All types of smoking are 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. Tenant is responsible to clean up all cigarette garbage and not leave cigarette garbage behind.
- 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