

Fire & Life Safety Disclosure Addendum – Washington State

This Fire & Life Safety Disclosure Addendum is incorporated into the lease or rental agreement entered into this _____ day of _____, 20 ____, between _____ (Tenant) and _____ (Owner) for the premises located at: _____ (“Premises/Rental unit”).

This Addendum shall be and is incorporated into the Lease or Rental Agreement dated the ____ day of _____, 20 ____, between Tenant and Owner.

The purpose of this document is to inform the tenant about the fire & life safety information as required in Section 1, RCW 59.18.060 and RCW 43.44.110. I have read the following and acknowledge receipt.

1) Smoke detection device

The premises/rental unit is equipped with smoke detection devices as required by RCW43.44.110.

These smoke detection devices are:

____ hard wired; ____ battery operated; ____ hard wired with battery back-up.

The devices have been inspected and are properly operating at the commencement of the tenancy. It is the responsibility of the tenant to maintain the devices in proper operating condition including replacement of batteries, if needed. A fine of not more than \$200 for failure to comply with RCW 43.44.110 may be imposed.

2) Fire protection systems

The premises/rental unit above is equipped with a fire sprinkler system: Yes ____; No ____.

The premises/rental unit above is equipped with a fire alarm system: Yes ____; No ____.

3) Evacuation and/or relocation plans

The premises/rental unit above has an emergency notification plan for tenants: Yes ____; No ____.

(If Yes, the plan is attached and receipt acknowledged by tenant’s initials here: _____)

The premises/rental unit above has an emergency relocation plan for tenants: Yes ____; No ____.

(If Yes, the plan is attached and receipt acknowledged by tenant’s initials here: _____)

The premises/rental unit above has an emergency evacuation plan for tenants: Yes ____; No ____.

(If Yes, the plan is attached and receipt acknowledged by tenant’s initials here: _____)

4) Smoking policy

The premises/rental unit above has a smoking policy for tenants: Yes ____; No ____.

(If Yes, the policy is attached and receipt acknowledged by tenant’s initials here: _____)

Dated: _____

Dated: _____

OWNER:

Property Address/Name: _____

TENANT(S):

By _____

Owner or Agent for Owner
