



CITY OF TACOMA
Finance Department / Tax & License Division
747 Market Street, Room 212, Tacoma, WA 98402-3770
(253) 591-5252 tacoma.gov/taxandlicense

Contract Account # _____

Single-Unit Rental Property Supplemental

RENTAL PROPERTY

Address: _____
Number _____ Street _____
Tacoma _____ WA _____
City State Zip Code
Parcel Number: _____ Square Footage: _____
Monthly Rent: _____ No. of Bedrooms: _____
Property Type: House Condominium ADU (Accessory Dwelling Unit)

RENTAL PROPERTY

Address: _____
Number _____ Street _____
Tacoma _____ WA _____
City State Zip Code
Parcel Number: _____ Square Footage: _____
Monthly Rent: _____ No. of Bedrooms: _____
Property Type: House Condominium ADU (Accessory Dwelling Unit)

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CERTIFICATE OF COMPLIANCE

By my signature, I certify that I have inspected my rental properties located in the City of Tacoma and that the dwellings on such properties comply with the standards outlined in the State Landlord Tenant Act, Title 59, Section 59.18.060 and do not present conditions that endanger or impair the health or safety of the tenants.

For more information or a Guide to Residential Rental Inspection, visit tacoma.gov/taxandlicense.

Signature of Owner/Owner Representative

Print Name

Date