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Email questions@accessevictions.com or Fax 1-888-870-0141

**Failure to provide complete and accurate information on all forms
may result in an unsuccessful eviction.**

Name(s) of owners of the real property _____

Is there a sub-tenant? yes no

Is the tenant a prior owner of the property? yes no

Is there an option to purchase? yes no

Is the property being sold? yes no If so, to whom and the anticipated closing date. _____

Landlord Contact person name and contact info

NAME _____ PHONE Home _____ Cell _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ FAX# _____ A fax number is *required* by law for residential tenancies. If you do not have a fax number see faxcompare.com.

How did you find us? RHA Web Search other _____

TYPE OF NOTICE: I have served I want your firm to serve

Pay or Vacate

Terminate Tenancy (month-to-month) Comply or Vacate

IS THERE A LOCKED ENTRANCE TO (NOT IN, JUST TO) THE FRONT DOOR OF THE UNIT? YES NO

If so, please provide a key or code. _____

DOES THIS TENANCY INVOLVE A PURCHASE? YES NO

ARE THE BUILDING AND UNIT PROPERLY MARKED? YES NO

i.e. – Can a sheriff's deputy locate it without guesswork? (They won't guess. You will start over.)

ARE ANY OF THE RESIDENTS IN THE MILITARY? YES NO

Monthly rent \$ _____ due on the _____ day of the month

Late Charge: \$ _____ on the _____ day of the month and \$ _____ per day thereafter

TOTAL CLAIMED ON 3DAY \$ _____

TENANCY IS: Month to Month Lease - last day of lease is _____

Section 8? NO. YES. If yes: Section 8 contact _____ tenant's portion of rent \$ _____

Total rent owing \$ _____ Itemize by month: _____

Late Charges of \$ _____ Itemize by month: _____

Has tenant complained about conditions of the premises? If so, describe in detail.

Address of Rental Property – This MUST be accurate. Ex: 101 Main Street NE *is NOT* the same as 101 NE Main Street, nor is 101 NE Main Court. Even a slight error in the address may necessitate the entire process being repeated at your expense.

Address _____ [street address], _____ [city] Washington

_____ [zip code] Unit number if there is one. _____ (If the tenant rents only a bedroom, mother-in-law apartment, etc., arbitrarily assign a unit number to the tenant's room.)

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TENANT INFORMATION

Please list the full names and dates of birth for the tenants known to be residing at this property.

Full Name (First, Middle, Last)	Date of Birth, Driver's License #, Or State ID #, AND SSN#	Contact Phone Number(s) for Tenant

INFORMATION ABOUT OTHERS IN THE PROPERTY

Please list the full names and dates of birth for others known to be residing at this property.

Full Name (First, Middle, Last)	1) Date of Birth, Driver's License #, Or State ID #, <u>AND</u> 2) SSN#	Contact Phone Number(s) for Tenant

Number of children and approximate ages _____

Reason(s) for the eviction: _____

Are there any detached storage units or garages? YES NO

List types of pets known to be living at the residence: _____

Do the tenants have any disabilities/mental health conditions that will require special accommodations? YES NO

• If yes, please include other agencies to be contacted, caseworker's name: _____

HAZARD INFORMATION

To your best knowledge: Do the tenants pose a threat to detectives involved in the physical eviction? (Drug activity, criminal activity, known to be armed, mentally disturbed, history of assaults or threats etc). YES NO
