



Lewis County Sheriff's Office

Eviction Information Sheet

Attorney Information *(Attorney is responsible for payment unless other arrangement are made)*

Name			
Mailing Address		Phone	
City	State	Zip	

Landlord Information

Apartment name			
Apartment Manager's Name			
Address		Phone	
City	State	Zip	
Name of Designee Doing the Eviction			Phone

Residence Information *(RCW 59.18.312 does not allow storage of property if tenant objects)*

Type of Dwelling	
Applicable Outbuildings	
If a Mobile Home, Name of the Owner	
Landlord's Intent at time of Eviction <input type="checkbox"/> Change locks and store property <input type="checkbox"/> Remove all property from the dwelling	
Language	

Tenant Information – Indicate tenant's primary language.

First Name	MI	Last Name	DOB
First Name	MI	Last Name	DOB
Address (where eviction is occurring)			
City	State	Zip	
Phone			
Length of time at residence	Animal at residence	Any known weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for eviction: _____

Officer Safety or Hazards on site: _____

Has there been recent illegal activity at this address? _____

Do Tenants have weapons? _____

Do the tenants have any disabilities that will require accommodation? *Please include a caseworker name if possible.*
