



# 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			
Owner/Apartment/Property Manager's Name			
Address		Phone	
City	State	Zip	
Name of Designee handling 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

### **Tenant Information**

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.*

\_\_\_\_\_  
\_\_\_\_\_