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

First Name	MI	Last Name	DOB
Address		Phone	
City	State	Zip	
Phone			
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, List the Name of the Owner
Landlord's Intent at time of Eviction ☐ Change locks and store property ☐ Remove all property from the dwelling

Tenant Information

First Name	MI	Last Name	DOB
First Name	MI	Last Name	DOB
Address		Phone	
City	State	Zip	
Phone			
Length of time at residence	Animal at residence		Any known weapons? ☐ Yes ☐ No

Reason for eviction:

_____

_____

Do the tenants have any disabilities that will require accommodation? *Please include any local, state or federal assistance they may receive and caseworker name if possible.*

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