Clark County Sheriff

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TENANT INFORMATION SHEET

(this form is not be modified in any manner)

YOUR EVICTION IS NOT SCHEDULED UNITL THE CIVIL UNIT HAS REVIEWED AND APPROVED THE INFORMATION PROVIDED ON THIS TENANT SHEET

****ALL FILEDS MUST BE COMPLETED BY LANDLORD****

Attorney or Landlord name, email, phone number, mailing address_____

_____

Landlord's Name & Cell Phone # (required) of who will be meeting the deputy for the physical eviction:_____

_____

Tenant Information: (name & date of birth, include children and their ages if known)_____

_____

_____

Address:_____

Length of time in residence:_____

Pets:_____

Residence Information:

Type of structure:_____

Outbuildings:_____

If a mobile home, who owns it:_____

Eviction Information:

Reason for the eviction (circle one)

Residential nonpayment YES NO

Based on a foreclosure YES NO

Commercial (business) YES NO

Other (specify):_____

_____

Have police ever responded to the property? YES NO

Do tenants have suspected mental health issues? YES NO

Suspected drug activity? YES NO

Threats or acts of violence? YES NO

Suspected weapon (s) at property? YES NO

If YES, please explain:_____

_____

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

If YES, please specify if any assistance will be needed including case-worker name & phone number:_____

_____

What problem have there been:_____

_____

DO NOT WRITE IN THIS BOX-SHERIFF USE ONLY

Eviction Date/Time:_____

Serve by Date:_____ Out by Date:_____

4 Writ:_____ Writ Expires:_____

Prop. Storage Letter_____ Reissue Date Rcvd: _____

Order (granting):_____ New Expiration Date:_____

Affidavit:_____ Ind. Bond needed? YES NO

Indemnity Bond in:_____

Bond/Writ approval initial & date:_____

2nd approval initial & date:_____

Writ Canceled prior to Eviction:

Canceled By:_____

Date/Time/Reason:_____

_____

Status Check:

Vacant_____ Lks Chgd_____ Posted_____

Ten. Absent_____Ten There_____ Ten. in Jail_____

Property:

Stored_____ Street_____ Continue to Move_____

Time:_____

Remarks:_____

_____

_____

_____

_____

_____

_____

_____

Deposit Amt:_____ Service Fee:_____

Check #_____ Return Fee:_____

CC Rcpt /Conf#_____ Mileage Fee:_____

Miles_____ Total Fee:_____

Area:_____ Refund (if any)_____

Declaration

Under penalty of perjury I declare as follows:

I am the on-site property manager with firsthand knowledge of the property and tenants. I have conducted a diligent search for the information the Sheriff has requested to identify the persons to be evicted. I have been thorough in documenting my knowledge of the tenants and any known hazards."

Dated this _____ day of _____, 20_____

Signature _____ Print Name:_____