

Clark County Sheriff

TENANT INFORMATION SHEET

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(this form is not to be modified in any manner)

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

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

DO NOT WRITE IN THIS BOX-SHERIFF USE ONLY

Attorney or Landlord name, email, phone number, mailing address _____

Eviction Date/Time: _____

Landlord's Name & Cell Phone # (required to be present for the physical eviction) _____

Serve by Date: _____ Out by Date: _____

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

4 Writ: _____ Writ Expires: _____

Prop. Storage Letter _____ Reissue Date Rcvd: _____

Order (granting): _____ New Expiration Date: _____

Affidavit: _____ Ind. Bond needed? YES NO

Address: _____

Indemnity Bond in: _____

Length of time in residence: _____

Bond/Writ approval initial & date: _____

Pets: _____

2nd approval initial & date: _____

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: _____

Explain why any answers might be unknown: _____

Writ Canceled prior to Eviction:

Canceled By: _____

Date/Time/Reason: _____

Status Check/Eviction Info:

Deputy: _____

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): _____

Under penalty of perjury I declare as follows:

I am the property manager/property owner/landlord 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. The information provided about the tenant and any known hazards is thorough and to the best of my knowledge.

Dated this _____ day of _____, 20____ Relationship to Property _____

Signature _____ Print Name: _____