

**Clark County Sheriff**  
**MANDATORY EVICTION INFORMATION SHEET**

S# \_\_\_\_\_

(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

**\*\* FIELDS MUST BE COMPLETED BY ATTORNEY \*\***

**Attorney's name, email, phone number, and mailing address**

**DO NOT WRITE IN THIS BOX | SHERIFF USE ONLY**

Eviction Date/Time: \_\_\_\_\_

Out by Date: \_\_\_\_\_

Serve by Date: \_\_\_\_\_

4 Writs: \_\_\_\_\_ Storage Letter: \_\_\_\_\_

Order (granting): \_\_\_\_\_ Writ Expires: \_\_\_\_\_

Reissue Date Rcvd: \_\_\_\_\_ New Exp. Date: \_\_\_\_\_

Ind. Bond Needed? \_\_\_\_\_ Y \_\_\_\_\_ N

Indemnity Bond in: \_\_\_\_\_

Bond/Writ approval initial & date: \_\_\_\_\_

2<sup>nd</sup> approval initial & date: \_\_\_\_\_

**Writ Canceled prior to Eviction:**

Canceled By: \_\_\_\_\_

Date/Time/Reason: \_\_\_\_\_

**Status Check/Eviction Info-Deputy:** \_\_\_\_\_

**Vacant:** Y N **Lks Chgd:** Y N

**Posted:** Y N **Ten. Absent:** Y N

**Ten. There:** Y N **Ten. In Jail/Arr:** Y N

**Property Stored:**

Street \_\_\_\_\_ Continue to Move \_\_\_\_\_

Time: \_\_\_\_\_ Remarks: \_\_\_\_\_

Service Fee: \_\_\_\_\_ Deposit Amt: \_\_\_\_\_

Return Fee: \_\_\_\_\_ Check # \_\_\_\_\_

Mileage Fee: \_\_\_\_\_ CC Rpt/Conf#: \_\_\_\_\_

Total Fee: \_\_\_\_\_ Miles: \_\_\_\_\_

Refund (if any): \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Eviction Information: Reason for the eviction**  
(RCW 59.18) Residential YES NO  
(RCW 59.12) Based on a Foreclosure/Commercial YES NO  
(RCW 59.20) Mobile Home YES NO  
Other (specify): \_\_\_\_\_

**ATTENTION!!!**  
**EVICTION DATES/TIMES ARE NOT TO BE SHARED WITH**  
**TENANTS**  
**ALL FIELDS BELOW THIS LINE MUST BE COMPLETED BY THE**  
**LANDLORD/OWNER RESPONSIBLE FOR THE PROPERTY**

**Landlord/Owner Name & Cell Phone # (presence required during eviction)**

**Tenant Information:** (Name, Phone #, DOB as well as children's names and DOB)

Address: \_\_\_\_\_

Length of time in residence: \_\_\_\_\_

**Residence Information:**

Type of Structure: \_\_\_\_\_

Outbuildings: \_\_\_\_\_

Door & Gate codes (REQUIRED): \_\_\_\_\_

If a mobile home, **who** owns it \_\_\_\_\_

**Have police ever responded to the property?** \_\_\_\_\_ YES NO

If YES, please explain: \_\_\_\_\_

**Do tenants have suspected mental health issues?** \_\_\_\_\_ YES NO

If YES-any **disabilities/mental health conditions** that will require special accommodations? \_\_\_\_\_ YES NO

\*If so, please specify if any assistance will be needed including case-worker's name & phone number: \_\_\_\_\_

**Suspected drug activity?** \_\_\_\_\_ YES NO

If YES, please explain: \_\_\_\_\_

**Threats or acts of violence?** \_\_\_\_\_ YES NO

If YES, please explain: \_\_\_\_\_

**Suspected weapon (s) at property?** \_\_\_\_\_ YES NO

If YES, please explain: \_\_\_\_\_

**Pets:** \_\_\_\_\_ YES NO

YES If YES, please explain: \_\_\_\_\_

**Explain unknown answers:** \_\_\_\_\_

Any other information we should know: \_\_\_\_\_

**\*Failure To Provide Complete & Accurate Information May Result In CANCELLATION Of Eviction At Your Expense\***

**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: \_\_\_\_\_