

FAX TRANSMITTAL REQUEST FORM

LANDLORD SOLUTIONS, INC.

FAX 503-242-1881 – PHONE 503-242-2312

Web: www.landlord-solutions.com Email: evict@landlord-solutions.com

* INDICATES A REQUIRED FIELD TO PROCESS PAPERWORK.

Name(s) of legal owner of business entity:
(The legal registered name with the State of Oregon)

_____*
_____*

Today's Date _____*

County to File: _____*

Purchase Order #: _____

VS.

Names of all tenant(s) to evict:

_____*
_____*
_____*

SSN# _____*

SSN# _____*

SSN# _____*

Address of premises tenants are possessing:

_____*
_____*

IS THIS A SECURED PROPERTY?

YES _____ NO _____ CODE _____ Key _____

REMEMBER TO FAX A READABLE COPY OF THE NOTICE

*Please Check the type of notice below:

___ 24-hour notice for personal injury, substantial damage, unlawful occupant or extremely outrageous act.
ORS 90.400(3)

___ 24-hour or 48-hour notice for violation of a drug or alcohol program ORS 90.400(9)

___ 72-hour or 144-hour notice of nonpayment of rent. ORS 90.400(2)

___ 7-day notice with stated cause in a week to week tenancy. ORS 90.400(1)(a) and (e)(A)

___ 10-day notice for pet violation, a repeat violation in a month-to-month tenancy or without stated cause
in a week-to-week tenancy. ORS 90.405, 90.400(i)(d) or 90.427(1)

___ 20-day notice for repeat violation. ORS 90.630(4)

___ 30-day or 180-day without stated cause in a month to month tenancy. ORS 90.427(2) or 90.429

___ 30-day notice with stated cause. ORS 90.400(1), 90.630 or 90.632

___ Other notice. _____

___ No Notice (explain) _____

*DO FIRST COURT APPEARANCE FOR THE FED?

___ YES ___ NO

What do you want accomplished at the first appearance?

(i.e. Get \$ & keep tenant, out ASAP)

* Required to comply with the Federal Fair Debt Collection Act.

Rent \$ _____

Late Chg. \$ _____

Misc. \$ _____

Total \$ _____

I acknowledge that this amount is accurate and currently owing
to the best of my knowledge.

Do Restitution? Yes ___ No ___ (Please fax a copy of the stipulated agreement and Indicate how the tenant did not comply below)

Do Lockout? Yes ___ No ___ (Do you need us to meet the sheriff and change the locks? Y ___ N ___)

The undersigned represents the above information is true and correct to the best of their knowledge.

_____*
Signature

_____*
Phone

Cell Phone

_____*
Print Name of Signor

_____*
Fax

Email

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