

STATE OF WASHINGTON CASE DISMISSAL FORM

EVICTION SOLUTIONS by LSI

FAX 503-242-1881 – PHONE 503-242-2312

Web: www.WAevictions.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 Washington) _____* _____* _____*	Today's Date: _____*
	Case Number: _____*
	Court Date: _____*
VS.	
Names of all tenant(s) for dismissal: _____* _____* _____*	Address of premises for dismissal: _____ _____ _____
Reason for dismissal: _____ _____ _____	

The undersigned represents the approval for dismissal of the listed court actions:

_____* Signature	_____* Phone	_____ Cell Phone
_____* Print Name of Signor	_____* Fax	_____ Email

Landlord Solutions, Inc. and/or Eviction Solutions by LSI does not provide legal advice or otherwise engage in the practice of law in the State of Oregon or Washington. Work performed by Landlord Solutions, Inc., is limited to filing eviction complaints based solely on the information provided by the client. Landlord Solutions, Inc., does not offer any opinion as to the validity of a particular termination notice or to the existence of any counterclaims or defenses raised by the notice or tenancy.