STATE OF WASHINGTON EVICTION REQUEST 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)
_____*
_____*
_____*

VS.

Today's Date: _____*

County to File:_____*

P.O. Number: _____

Names of all tenant(s):
_____*
_____*
_____*

Address of Premises:
_____*
_____*
_____*

Date of Rental Agreement: _____* **IS THIS A SECURED PROPERTY?**
Type of Notice for Eviction: _____* **YES ____ NO____ CODE_____**

Service Info: (Any info that will help with service of your resident):
_____
_____
Car (Make and Model):_____
Best Time to Serve: _____

PLEASE INCLUDE A COPY OF YOUR RENTAL AGREEMENT, LEDGER AND NOTICE FOR US TO PROCESS YOUR EVICTION.

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**

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.