

# SMALL CLAIMS REQUEST FORM

LANDLORD SOLUTIONS, INC.

PHONE 503-242-2312

Web: [www.landlord-solutions.com](http://www.landlord-solutions.com) Email: [evict@landlord-solutions.com](mailto:evict@landlord-solutions.com)

**\* INDICATES A REQUIRED FIELD TO PROCESS PAPERWORK**

Plaintiff	*	County to file in	*
Plaintiff Address	*	City/ST/Zip	*
Name of Defendant(s)			*
Defendant #1 Address	*	City/ST/Zip	* Phone
Defendant #2 Address	*	City/ST/Zip	* Phone
Name & Address of Employer (if served at work)		City/ST/Zip	
Defendant's Social Security No.	*		
Debt Amount: \$	*	For:	*
Interest Rate :	%		
Misc information:			

**I certify that I have read the Small Claim; and to the best of my knowledge, information and belief, there are good grounds to support it, and all sums included above are lawfully subject to suit by the small claim court.**

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

Landlord Solutions, Inc. 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.