OREGON EVICTION REQUEST FORM



LANDLORD SOLUTIONS, INC. PHONE 503-242-2312 FAX 503-242-1881 evict@landlord-solutions.com www.landlord-solutions.com

* INDICATES A REQUIRED FIELD TO PROCESS PAPERWORK.

Name(s) of legal owner of bus	siness entity:				
(Registered name with the State of Oregon)		Today's Date:*			
		* County to File:*			
		* Purchase Order #:			
VS.					
Names of all tenant(s) to evice	t:				
		* SSN# OR DOB*			
		* SSN# OR DOB*			
	* SSN# OR DOB*				
Address of premises tenants a	are possessing:				
		* Will we n	eed a code	or key to acce	ess the front door?
		* YES	NO	CODE	KEY
 10-day notice for pet viola week tenancy. 30-day or 180-day withou 30-day notice with stated Other notice No Notice (explain) *Would you like your termina 	ause in a week to week tenance ation, a repeat violation in a mo t stated cause in a month to mo	onth tenancy.	we file you	r case? YES	
*DO FIRST COURT APPEARAN What do you want accomplish Make a reasonable payme Out Asap, No Deals Resident Pays in full by 5p	Collection Rent \$ Late Chg. Misc. \$	n Act.			
The undersigned represents t	he above information is true a	nd correct to	the best of	their knowled	lge.
	*		*		
Signature	Phone		Cell Ph	one	
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.