WASHOE COUNTY SHERIFF'S OFFICE CIVIL SECTION

INSTRUCTIONS FOR EVICTION



PLEASE FILL OUT COMPLETELY CONFIDENTIAL FORM

Property Information						
*Required Information						
*Landlord/ Agent Name	*Landlord/ Agent Phone Number *Landlord/Agent 2nd Phone Number No phone trees or company directories, direct contact numbers ONLY					
*Occupant Name(s)	Occupant Phone Number(s)					
Please complete the following questions to the best of your ability:						
*Is this a secure building or gated community? If YES, please provide the code.		YES		NO		
*Will the landlord/ agent provide a locksmith?		YES		NO		UNKNOWN
*Has there been recent law enforcement response	onse?	YES		NO		UNKNOWN
*Are there any weapons inside the property?		YES		NO		UNKNOWN
*Is the occupant(s) known to carry any weapon	ns?	YES		NO		UNKNOWN
*Do any occupants have a history of violence?		YES		NO		UNKNOWN
*Are there any dogs/animals on the property?		YES		NO		UNKNOWN
If YES, are they aggressive?		YES		NO		UNKNOWN
*Is the property hard to find? If YES, then please provide additional inform	nation below.	YES		NO		
Additional information:						
*** Office 11-2 Oct. ***						
*** Office Use Only***						