

PUCKETT & REDFORD PLLC

PLEASE START EVICTION PROCEDURES:

Name of Apartment Complex: _____

Name of tenant(s) _____ SSN _____ Date of Birth _____

Tenant(s) Address: _____

ARE ANY OF THE RESIDENTS IN THE MILITARY OR A DEPENDENT OF SOMEONE IN THE MILITARY? () YES () NO

TYPE OF NOTICE: (ATTACH A COPY/COPIES) () 3 Day Pay or Vacate
() 20 Day Terminate () 10 Day to Comply () 3 Day Nuisance, Waste, Illegal Use/Drugs

_____ **NUMBER OF THE NOTICE(S) WERE SERVED ON** _____

(DATE) IN THE FOLLOWING MANNER:

- () Handing a copy personally to the resident
- () Handing a copy/copies personally to someone who answered the door and mailing a copy/copies
- () After knocking and receiving no response, posting a copy/copies on the door and mailing a copy/copies

Base monthly rent \$ _____ Rent is due on the _____ day of the month

Late Charge: \$ _____ on the _____ day of the month and \$ _____ per day thereafter

Other Charges: garage/parking \$ _____ utilities \$ _____

Other (identify) \$ _____.

TENANCY IS: () Month to Month () Lease - last day of lease is _____ () Tax Credit

() Section 8 – Market rent is \$ _____ tenant's portion of the rent is \$ _____.

DATE: _____

NAME: _____

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