

TYPE OF SERVICE

- Eviction
- Dismissal
- Writ of Restitution
- Satisfaction

Phone: 480-964-3505

Fax: 480-964-0059

jenni@gilesdicksonlaw.com

EVICION WORKSHEET

Date: _____ Manager Name _____ Property Owner: _____

Telephone _____ Fax: _____ e-mail: _____

TENANT INFORMATION

NAME (S): _____

ADDRESS: _____ City: _____ Zip: _____

RENT INFORMATION

Monthly Rent (w/tax): _____

Previous Balance: _____

Date Late Charges Start: _____

Flat Fee: _____

Daily Late Fee: _____

Current Subtotal: _____

Notice Fee: _____

Concession Amount: _____

Other charges _____

**PLEASE ATTACH SIGNED LEASE, NOTICE(S) SERVED,
RENTAL CONCESSION ADDENDUM AND ANY OTHER
PERTINENT DOCUMENTS**

NOTICE INFORMATION

Date Notice Served: _____

Served by: _____

Hand Delivered

Certified Mail

Reason for Service:

Nonpayment

Non-Compliance

Hold-Over

Immediate