

EVICITION REQUEST FORM

Please Print Clearly and Fax Completed Form and Documents to (323) 463-8045

RESIDENTIAL COMMERCIAL

Name of Manager/Owner: _____

Manger/Owner Mailing Address: _____

Manager/Owner Phone No. _____ Fax _____

Manger/Owner Email _____

Subject Premises: Address _____ Unit No. _____

_____, CA _____

Names of All Adult Tenants: 1. _____

2. _____

3. _____

4. _____

5. _____

Do you suspect any un-identified or unknown occupants residing in the unit? YES NO

Have you previously served any 3-day or 30-day notices to the tenants? YES NO

DOCUMENT CHECKLIST (INCLUDED WITH THIS FAX)

of Pages

_____ I have included any **NOTICES** previously sent to tenants with this FAX
(i.e 3-Day Notice to Pay Rent or Quit, 30-Day Notice to Vacate, Other)

_____ I have Included the **COMPLETE LEASE AGREEMENT** signed by Tenants
and any Notice of **CHANGE OF TERMS** (i.e. Rent Increase Notices)

_____ I have included the **Rental Application.**

The tenants have failed to comply with the terms of their lease agreement. I request that you initiate an unlawful detainer (eviction) action for the above stated tenants at the above indicated premises.

Date: _____