



PIERCE COUNTY SHERIFF'S DEPARTMENT  
 CIVIL UNIT  
 930 TACOMA AVE S, FL 1  
 TACOMA WA 98402  
 (253) 798-7520

**MANDATORY EVICTION DATA FORM**

**Cause #** \_\_\_\_\_

**Name of Apartment Complex:** \_\_\_\_\_

<b>Landlord's name:</b>	_____
<b>Address:</b>	_____
<b>Phone nos. :</b>	_____

List contact person if other than Landlord.. Please list the person the Eviction Deputy will be coordinating the eviction with.

**Contact person's name/address:** \_\_\_\_\_

**24 hour phone numbers:** \_\_\_\_\_

Security code: \_\_\_\_\_

**Eviction property address w/zip code:** \_\_\_\_\_

**TENANT INFORMATION**

Please list the full names and dates of birth for the tenants and others known to be residing at this property.

Full Name (First, Middle, Last)	Date of Birth, Driver's License #, Or State ID #	Tenant's Contact Ph. No.

**Number of children and approx. ages:** \_\_\_\_\_

**Reason(s) for the eviction:** \_\_\_\_\_

**Are there any detached storage units or garages?**       YES       NO

**List types of pets known to be living at the residence:** \_\_\_\_\_

**Do the tenants have any disabilities/mental health conditions that will require special accommodations?**       YES       NO

• If yes, please include other agencies to be contacted and caseworker's name and ph.no.:

**HAZARD INFORMATION**

**To your best knowledge:** Do the tenants pose a threat to deputies? (Drug activity, criminal activity, known to be armed, mentally disturbed, history of assaults or threats etc).       YES       NO

• If yes, please describe (use back if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_