

Las Vegas Eviction Service

Date: ____ / ____ / ____

Subject Property

Street Address: _____

City: _____, NV, Zip: _____

Gate Code: _____

Service Requested: _____

Landlord Name: _____

Landlord Email: _____

Landlord Phone Number: _____

Landlord Address

Street Address:

City: _____, State: _____, Zip: _____

Tenant(s) Name(s): _____

Date Lease Started: ____ / ____ / ____

Monthly Rent Amount: \$ _____

Date Rent is Due (including any grace period): ____ / ____ / ____

Rent Amount Due Now: \$ _____

Late Fees Due Now: \$ _____

Date Last Paid: ____ / ____ / ____

Any Deposit Collected: \$ _____

Lease? _____ If yes, please provide a copy.

Additional Comments:

Signature: _____