

WHATCOM COUNTY SHERIFF'S OFFICE
MANDATORY EVICTION DATA FORM

CAUSE # _____

PLAINTIFF (LANDLORD) INFORMATION

Name _____		
Mailing Address _____ _____		
Home Phone _____	Work Phone _____	Cell Phone _____

CONTACT PERSON INFORMATION (if other than Landlord)

<i>Please list the person with whom the Civil Deputy will be coordinating the eviction</i>		
Name _____		
Home Phone _____	Work Phone _____	Cell Phone _____

ATTORNEY INFORMATION

Firm Name _____		
Attorney Name _____		
Mailing Address _____ _____		
Phone # _____		

EVICTION PROPERTY INFORMATION

<i>Address w/zip code (including name of complex and unit #, if applicable)</i>		

Type of dwelling:	_____ Single Family Residence	_____ Apartment
	_____ Business/Commercial Property	_____ RV
		_____ Duplex
		_____ Mobile Home
If a mobile home, who owns the mobile? _____		
Are there any detached storage units or garages? _____ Yes _____ No		

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 #	Tenant's Contact Phone #

Number of children and approximate ages: _____

List types of pets known to be living at 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 phone #:*

Reason for Eviction: _____

Is the eviction based on a foreclosure? Yes No

HAZARD INFORMATION

To the best of your knowledge, do the tenants pose a threat to deputies? Yes No

(Drug activity, criminal activity, known to be armed, mentally disturbed, history of assaults or threats, etc.)

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

