

Sheriff's Mandatory Eviction Data Form

An incomplete data form may prevent or delay scheduling your eviction.

Writs cannot be served without 24 hour property access.

Key/card/access code must be provided to secured access properties.

Form must be completed by the owner, landlord or property manager.

Forn	n must be completed b	y the owner,	ianulora or pro	operty manage	er.		
King County Superior Co	urt case number:						
Check all that apply:							
Commercial	Residential	Sublet	Post Fore	eclosure	Mobile Home		
24 hour Contact person of	or Landlord (person with	h whom the de	tective will coo	rdinate the evid	ction):		
Name:			Cell (mandatory):				
Direct Office phone:		Ext.:					
E-mail (mandatory):							
Eviction property address	s (include complex or bu	usiness name a	as it appears or	n property & zip	o code):		
Is this a secured building	? Yes No	If yes, k	ey or entry co	de required:			
Is there on-site management? Yes No Management office hours:							
Tenant Information							
Please list the full names	and dates of birth for	the tenants a	nd others know	wn to be resid	ing at this property.		
Full name (First, Middle, L	Last): Date of birt ID#:	h, driver's licer	nse # or state	Contact phor tenant:	ne number(s) for		
Emergency contact infor	mation for tenant (nam	e & phone nu	mber):	•			
Number of children and approximate ages:							
	На	zard Inform	nation				
To the best of your know	wledge, answer the foll	owing:					
Have police ever respond	Yes		No				
Do tenants have suspected			No				
Suspected drug activity?	Yes		No				
Threats or acts of violence	Yes	i	No				

Yes

Suspected weapon(s) at property?

No

If yes, please explai	n:					
Reason(s) for the ev	riction:					
Are there any detacl	ned storage	units or garages?	Yes	No		
List types of pets kn	own to be li	ving at the residence:				
	any disabili es	ties/mental health cond	itions that will	require special ac	commodations?	
If yes, please includ	e other ager	ncies to be contacted, ca	aseworker's na	ame:		
Any additional infor	mation:					
Form completed by:						
Are you the person	with firsthar	d knowledge of the ten	ants?	Yes No		
Print name			Date			
		Declar	ation			
Under penalty of p	erjury, I dec	lare as follows:				
conducted a dilige	nt search fo	ager with firsthand known r the information the Sh n in documenting my kn	neriff has requ	ested to identify t	he persons to be	
Dated this	day of	20, at	·	(city), Was	hington.	
Signature						
Print name						

KING COUNTY SHERIFF'S OFFICE RESTORATION OF POSSESSION VERIFICATION

PURSUANT TO A WRIT OF RESTITUTION SE	RVED BY THE KING COUNTY SHERIFF'S OFFICE, AT THE
PREMISES LOCATED AT THE ABOVE ADDRE	ESS, IN KING COUNTY, WASHINGTON ON
I, (PRINT NAME LEGIBLY)	THE ACTING OWNER/AGENT
HEREBY ACKNOWLEDGE THE ABOVE-DESC	CRIBED PREMISES ARE RESTORED TO MY POSSESSION
AND CONTROL BY THE KING COUNTY SHER	RIFF'S OFFICE ON THE DATE AND TIME INDICATED BELOW.
WRIT COMPLETION DATE:	TIME
SIGNATURE OWNER/AGENT	
WITNESS / DEPUTY	