

LANDLORDS LEGAL CENTER
1660 HOTEL CIRCLE N., SUITE 610
SAN DIEGO, CA 92108

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

Landlords Legal Center

Law Office of Franco Simone

COMPANY:

DATE:

FAX NUMBER:

PHONE NUMBER:

619-235-6392

PHONE NUMBER:

FAX NUMBER:

619-235-6180

RE:

TOTAL NUMBER OF PAGES:

Eviction Intake

NOTICE PROCESS EVICTION ADDITIONAL DOC'S REQUESTED CANCELLATION

NOTES/COMMENTS:

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LANDLORDS LEGAL CENTER
CLIENT INTAKE REFERENCE SHEET

Required: Eviction Must Be Filed in the Name of the Owner

Owner Name: _____

Address: _____

City State Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Management Co. _____

Manager / Agent: _____

E-Mail Address: _____

Phone: _____

Facsimile: _____

Property Address: _____

City State Zip: _____

Tenant 1 Name: _____

Tenant 1 Phone: _____

Tenant 2 Name: _____

Tenant 2 Phone: _____

Tenant 3 Name: _____

Tenant 3 Phone: _____

Tenant 4 Name: _____

Tenant 4 Phone: _____

Contract Information:

Agreement Lease____ Month to Month____ Written____ Oral____

Date Entered _____

Current Monthly Rent: _____

Changes to Contract _____

IF YOU HAVE SERVED ANY NOTICE TO THE TENANTS PLEASE FAX ALONG WITH THIS FORM

Eviction Reason:

Unpaid Rent: Period _____ Amount _____

 Period _____ Amount _____

 Period _____ Amount _____

Please Provide Accounting If Available

Breach of Contract:

Special Information: Detached Garage, Drug Activity, Dogs Etc.
