		l	_VTC:	
INSTRUCTIO EVICTIO	NS TO THE		BLE	
		Court	Case#	
Property Name				
Landlord / Agent				
Landlord / Agent Address & Phone Number				
	Gated?	Yes	No	0
Tenant	Gate code		140	•
Tenant's Address to be evicted upon receipt of court order	Key Provided	Yes	No	<del></del> 0
Tenant's Address to be evicted apoint eceipt of court order	··- <b>,</b> · · · · · · · · · · · · · · · · · · ·			
To secure property at the time of eviction, locks must be chetc.) must be secured prior to the Court's seal being placed	d on the property t be witnessed b	es of slip ke . Do not cha y the Deput	ange locks pr ty.	rior to the Deputy's arrival. All lock
Does landlord or agent wish to be present during e	•	Yes	1011 501010	No
Will landlord or agent provide locks / locksmith?		Yes		No
Is the property still occupied?		Yes		No
Is the property sublet?		Yes		No
Has there been recent law enforcement response?	?	Yes		No
<ul> <li>Are there known weapons inside the residence or is the person known to carry weapons?</li> </ul>		Yes		No
Do any occupants have a history of violence?		Yes		No
Are there dogs/animals in the property?		Yes		No
<ul> <li>Is there known drug activity on the property?</li> </ul>		Yes		No
Preferred Locksmith:				
Locksmith Name	e and Contact Pho	ne Number		
IN THE EVENT THE LOCKSMITH SELECTED CAN LOCKSM Please provide the name and cellular phone number of a coowner/management.	MITH WILL BE C	ALLED.		
Name and Cellular Phone Number of Property Contact				
Please note: The assigned Deputy will c	ontact you no l	ater than 1	1 AM on the	day of the lockout
to confirm the eviction important: If contact cannot be made with Landlord or representative must to pay the eviction must be completed within 30 days of the eviction must be completed within 30 days of the eviction must be completed within 30 days of the eviction must be completed within 30 days of the eviction must be completed within 30 days of the eviction must be completed within 30 days of the eviction must be completed within 30 days of the eviction must be completed within th	on and schedul THE PERSON N E ORIGINAL FE	e the actua NAMED AB E AND THI	al lockout. OVE BY 11 A E EVICTION	AM ON DAY OF EVICTION, THE MUST BE RESCHEDULED. AN
		POSTED	TIME	DATE
Signature of Person Completing Instructions (Required)		COMPLETE	TIME	DATE