

## THURSTON COUNTY SHERIFF'S OFFICE WRIT OF RESTITUTION INTAKE FORM

**CIVIL DIVISION: 360 - 786 - 5534** 

## NOTICE: THE FOLLOWING INFORMATION MUST BE PROVIDED IN ORDER TO PROPERLY PROCESS AND EXECUTE THE WRIT.

1. PLAINT	TIFF (LANDLORD) NAME:		
	PHONE NUMBER:		
	MAILING ADDRESS:		
2. CONTA	CT PERSON IF OTHER THAN PLAINT	TIFF:	
	PHONE NUMBER:		
	MAILING ADDRESS:		
3. PLAINT	TIFF'S ATTORNEY: (NAME)		
	FIRM:		
	PHONE NUMBER:		FAX:
4. TYPE O	F PREMISES TO BE EVICTED:		
	SINGLE FAMILY RESIDENCE		DUPLEX
	APARTMENT (Complex name:)		MOBILE HOME Park Name:
			NOTE: Is this Mobile Home Owned by the Defendant?   YES   NO
			the Defendant: LIES LINO
	Business Name:		
	OTHER:		
5. ADDRE	SS OF PREMISES TO BE EVICTED:		
( NUMBER )	(STREET NAME) (TYPE OF STREET)	( DIRECTION	) (APT/SPACE#) (CITY) (ZIP CODE)
NOTE: I	F ADDRESS IS NOT COMPLETI	E, IT WIL	L NOT BE POSTED.
6. Special I	nstructions or circumstances, and any Of	ficer Safety	notes this office needs to be aware of: