



2000 LAKERIDGE DR SW • OLYMPIA, WA 98502 • 360-786-5500

**WRIT OF RESTITUTION INTAKE FORM**  
**CIVIL SECTION: 360-786-5534**

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

**PLAINTIFF INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLAINTIFF'S ATTORNEY**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**TYPE OF 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

☐ Business/Commercial Property Name of Business: \_\_\_\_\_

**NOTE: Sheriff's Bond Required**

☐ Other: \_\_\_\_\_

**ADDRESS OF PREMISES TO BE EVICTED:**

(NUMBER) (STREET NAME) (TYPE OF STREET) (DIRECTION) (APT/SPACE #) (CITY) (ZIP)

**NOTE: IF ADDRESS IS NOT COMPLETE, IT WILL NOT BE POSTED.**

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**"OUT OF MANY, WE ARE ONE"**