

Office of the Constable
Scott A. Kingsley
Eviction Service Request

Landlord Full Name: _____
Street: _____ Unit: _____
City, State, Zip: _____
Telephone: Day: _____ Evening: _____ Cell: _____
Email Address: _____

Tenant Full Name: _____
Additional Adult Names: _____
Street: _____ Unit: _____
City, State, Zip: _____
Telephone: Day: _____ Evening: _____ Cell: _____
Email Address: _____
Rental Terms: _____ Reason for Termination: _____
Service Requested: _____

Rent Due:	Month	Amount	Total
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	_____

Additional Information:

If property is held in trust, or corporation, list it as Landlord followed by trustee or manager name.

All inhabitants of the rental unit over the age of 18 are entitled to due process and must be served notice. Please list all additional adult names.

If requesting Summary Process service only, landlord certifies understanding and compliance with notice requirements.