

EVICTIION VERIFICATION

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

Please complete the following information to verify that you evicted the above referenced person. This statement must be signed and dated by the person doing the eviction. Address the above person was living at when evicted:

\_\_\_\_\_

Reason for eviction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of eviction: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Doing the Eviction

Date: \_\_\_\_\_

\_\_\_\_\_  
Address of Person Doing the Eviction

\_\_\_\_\_  
Phone: