

ALASKA LAW OFFICES, INC.

240 E. Tudor Rd., Ste. 230
Anchorage, Alaska 99503

Phone (907) 375-9277
Fax (907) 375-9288

Clayton H. Walker, Jr.
President

REQUEST FOR EVICTION SERVICES

Date: _____

Company: _____

Contact Person: _____

Mailing Address: _____

Phone: _____

Fax: _____

PROPERTY: (please print)

1. Tenant(s): _____

1) Social Security No. _____ Date of Birth: _____

2) Social Security No. _____ Date of Birth: _____

2. Address: _____

3. Property Owner: _____

4. Amount of rent owed at the time of the notice \$ _____.

5. Is the property: ___ Residential ___ Commercial

6. Is the property: ___ Apartment ___ House ___ Trailer ___ Trailer Space

7. Date of Notice: _____ and date notice was served _____.

Please fax this form along with a copy(ies) of the: 1) eviction notice; 2) Lease; and, 3) Rent roll or accounting of amounts owed; to 277-6108, we will confirm receipt of this request with you prior to filing the action.