



OFFICE OF
Gary Simpson

KITSAP COUNTY SHERIFF

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TENANT INFORMATION SHEET (This form is not to be modified in any manner)

****ALL FIELDS MUST BE COMPLETED****

Law Firm / Company Information:

Name, Phone, Mail Address

Landlord / Property Manager Information:

Name, Phone, Mail Address

Local Contact Name & Phone Number:

Tenant Information:

Tenant Names & Dates of Birth

Others Occupying the Property / Children
Names & Dates of Birth

Length of Time in Residence: _____

Pets: _____

Known Weapons: _____

Property Information:

Type of Dwelling: _____

Outbuildings: _____

Is this a Secured Apt Building: _____

If a **Mobile** Home,

Who owns the Mobile Home: _____

Who owns the Real Property: _____

VIN # or Plate Number: _____

Landlord Intent at Time of the Eviction:

(Check one)

Change locks and store property

Remove all property from the dwelling

Eviction Information:

Reason for the Eviction:

Based on a Foreclosure? (check one)

Yes No

Do the tenants have any disabilities that will
require accommodations (Please include any local,
state or federal assistance and case-worker
names)?

What problems have there been:
(check what applies)

Assaults Alcohol Abuse Drug Abuse

Mental Health Problems

Others: _____

Other Information: