



LAS VEGAS LANDLORD
 PH: 702-628-8826, FX: 888-609-8561
 TXT: 702-970-6882
 EM: LVLEvictions@Gmail.com

Payment / Mail / Drop Off Address
 * Must Be In A Sealed Envelope *
 8020 S Rainbow Blvd, Ste 100 - 405
 Las Vegas, NV 89139

Office / Meeting / Pick Up Address
 * Must Have An Appointment *
 6480 W Spring Mountain Rd, # 3
 Las Vegas, NV 89146

**5-DAY TENANT-AT-WILL & 5-DAY UNLAW. DET. NOTICE REQUEST (\$50 / NOTICE)
 ONCE SUBMITTED, THIS NOTICE REQUEST, WILL BE SERVED ON THE FIRST (1ST) AVAILABLE SERVICE DAY**

1. LANDLORD INFORMATION (from Lease)

REQ. DATE

NAME

EMAIL

STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE

2.

RENTAL PROPERTY ADDRESS, CITY, STATE, ZIP CODE

** IF IN GUARDED COMMUNITY, LAS VEGAS LANDLORD MUST BE ADDED TO ACCESS LIST.

ACCESS INFORMATION, INSTRUCTIONS, COMMENTS TO SERVER

< OR >

NOT

GATE CODE

GATED

** IF IN A GUARDED

COMMUNITY, LAS VERGAS LANDLORD
 MUST BE ADDED TO ACCESS LIST.

3. TENANT INFORMATION (from Lease)

NAME

PHONE

NAME

PHONE

NAME

PHONE

NAME

PHONE

4. EXPLAIN (if needed, briefly explain what happened)

- a) _____
- b) _____
- c) _____
- d) _____

AFTER THIS NOTICE, A 2ND NOTICE (FOLLOW UP NOTICE) MAY BE REQUIRED = 5-DAY UNLAWFUL DETAINER

AUTHORIZATION: CLIENT AUTHORIZES LVL TO PERFORM THE SERVICES INDICATED ABOVE VIA THIS FORM. NOTICE REQUESTS SUBMITTED [9:00 AM TO 12:00 NOON] SHOULD BE SERVED SAME DAY, NOTICE REQUESTS SUBMITTED AFTER 12:00 NOON WILL BE SERVED NEXT BUSINESS DAY, NO NOTICES ARE SERVED ON SUNDAYS AND HOLIDAYS. LVL IS NOT RESPONSIBLE FOR ANY WRONG, MISSING, UNREADABLE INFORMATION PROVIDED REGARDLESS OF LANGUAGE, INTERPRETATION OR UNDERSTANDING NOR ANY COURT DECISIONS OR DENIALS. ONCE NOTICE SERVED, ANY CHANGES TO NOTICE WILL REQUIRE A NEW NOTICE AT AN ADDITIONAL COST. CLIENT SHALL HOLD LVL HARMLESS FROM ANY NOTICE AND LEGAL ISSUES. CLIENT (COMPANIES, OWNERS, PMs AND AGENTS) AGREE TO PAY ALL FEES WHEN THEY BECOME DUE. FEES ARE NONREFUNDABLE AND NONTRANSFERABLE. A 5% SERVICE FEE WILL BE CHARGED FOR ALL CREDIT AND DEBIT CARD PAYMENTS.

BY SIGNING, CLIENT CERTIFIES HE/SHE UNDERSTANDS THIS DOCUMENT AND AUTHORIZES THIS NOTICE SERVICE.

SIGN: x _____

CLIENT'S SIGNATURE

DATE

SAME AS
 LANDLORD ABOVE

COPY OF
 CLIENT DL/ID

CLIENT STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE

PAYMENT: Name on Card: _____

Phone: _____

Billing Zip Code: _____

Email: _____

Card #: _____

Amex[3]

Visa[4]

MC[5]

Discover[6]

Expiration: (mm / yy) _____

CVV Code: _____

(Amex = Front. Visa/MC/Discover = Back)

BY SIGNING, I AUTHORIZE LVL TO CHARGE MY CREDIT OR DEBIT CARD INDICATED HERE FOR ANY BALANCE DUE.

SIGN: x _____

CARD HOLDER'S SIGNATURE

DATE

**** FILL IN, PRINT, SIGN and DATE. MAIL or DROP OFF or EMAIL or FAX to LVL ****