



**LAS VEGAS LANDLORD**  
 PH: 702-628-8826, FX: 888-609-8561  
 TXT: 702-670-1081  
 EM: LVLEvictions@Gmail.com

Payment / Mail / Drop Off Address  
 \* Must Be In A Sealed Envelope \*  
 4952 S Rainbow Blvd, Ste 211  
 Las Vegas, NV 89118

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

**21-DAY STORAGE & DISPOSAL NOTICE REQUEST ( \$50 / NOTICE )**

[ NRS 40.412(2)(a)(4) 1-Day, Arrest Unlawful Occupants and/or NRS40.414(7) 4-Day, No Arrest Unlawful Occupants ]  
**ONCE SUBMITTED, THIS NOTICE REQUEST, WILL BE SERVED ON THE FIRST ( 1<sup>ST</sup> ) AVAILABLE SERVICE DAY**

**1. LANDLORD INFORMATION ( Owner or Property Manager )**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ REQUEST DATE \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

**2.**

RENTAL PROPERTY ADDRESS, CITY, STATE, ZIPCODE \_\_\_\_\_  
 \*\* IF IN A GUARD GATED COMMUNITY, LAS VEGAS LANDLORD MUST BE ADDED TO ACCESS LIST.  
 ACCESS INFORMATION, INSTRUCTIONS, COMMENTS TO SERVER \_\_\_\_\_  
 NOT GATED       GUARD GATED COMMUNITY  
 = \_\_\_\_\_  
 GATED      GATE CODE

**3. UNAUTHORIZED OCCUPANTS INFORMATION ( from Police Report or if known names and phone numbers )**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ PHONE \_\_\_\_\_ NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 (default) **AND** All Occupants (Et Al.) < OR >  **ONLY** Occupants Named Above.

**4. UNLAWFUL OCCUPANT FORWARDING INFORMATION ( fill in what information is known )**

FORWARDING ADDRESS, CITY, STATE, ZIPCODE FOR UNLAWFUL OCCUPANT \_\_\_\_\_  
 PH: \_\_\_\_\_ FX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**5. STORAGE INFORMATION ( tells unlawful occupants where their personal property is being kept at )**

CONTACT COMPANY NAME \_\_\_\_\_ CONTACT PERSON NAME \_\_\_\_\_  
 STORAGE ADDRESS, CITY, STATE, ZIPCODE \_\_\_\_\_  
 PH: \_\_\_\_\_ FX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*\* Once 21-Day notice served, the next day, 21 days start. \*\*

1<sup>ST</sup> NOTICE = 21-DAY STORAGE/DISPOSAL. UNLAWFUL OCCUPANT HAS 21 CALENDAR DAYS TO PICK UP PERSONAL PROPERTY.

**AUTHORIZATION: \* CLIENT MUST PROVIDE/SEND A COPY OF HIS/HER DRIVERS LICENSE OR ID WITH THIS FORM.** CLIENT AUTHORIZES, BY SUBMITTAL OF THIS FORM (HAND DELIVERY, FAX, EMAIL, ETC.), FOR LVL TO PERFORM THE SERVICES INDICATED ABOVE. IF SIGNATURE IS MISSING ON FORM BELOW, THEN DATE OF EMAIL, FAX, HAND DELIVERY, ETC. SHALL BE DEEMED AS THE DATE OF AUTHORIZATION. ALL NOTICE REQUESTS SUBMITTED WILL BE SERVED ON THE FIRST (1<sup>ST</sup>) AVAILABLE JUDICIAL DAY, NO NOTICES SERVED ON WEEKENDS OR 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. LVL IS NOT AN ATTORNEY, LAW FIRM, LAW ENFORCEMENT, JUDGE OR ANY OTHER GOVERNMENT OFFICIAL. CLIENT IS ADVISED TO CONSULT AN ATTORNEY IF NEEDED. CLIENT SHALL HOLD LVL HARMLESS FROM ANY NOTICE AND LEGAL ISSUES. CLIENT (COMPANIES, OWNERS, PMs, AGENTS, ETC.) 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, I AUTHORIZE LVL TO PERFORM THE SERVICES INDICATED ABOVE.** SIGN: x \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

**CC/DC 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 CARD HOLDER'S SIGNATURE \_\_\_\_\_

**1) PRINT, FILL IN, SIGN and DATE. 2) COLOR COPY OF YOUR DL. 3) MAIL, DROP OFF, EMAIL or FAX to LVL**