



**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

**30-DAY STORAGE & 14-DAY DISPOSAL NOTICE REQUEST ( \$50 / NOTICE )**  
**ONCE SUBMITTED, THIS NOTICE REQUEST, WILL BE SERVED ON THE FIRST ( 1<sup>ST</sup> ) AVAILABLE SERVICE DAY**

**1. LANDLORD INFORMATION ( from Lease and Addendum )**

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. TENANT INFORMATION ( from Lease and Addendum )**

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

**4. TENANT FORWARDING INFORMATION ( fill in what information is known or supplied by Tenant )**

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

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

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

\*\* Once 30-Day notice served, the next day, 30 days start. 15 days after 30-Day notice, 14-Day should be served \*\*

1<sup>ST</sup> NOTICE = 30-DAY STORAGE, 2<sup>ND</sup> NOTICE = 14-DAY DISPOSAL, IF TENANT HAS NOT PICKED UP PERSONAL PROPERTY

**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. NOTICES SERVED ON INFORMATION PROVIDED. ONCE NOTICE REQUESTED, PROCESSED OR 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. ANY LATE PAYMENTS OR OUTSTANDING AMOUNTS DUE ARE SUBJECT TO A ROLLING 12% ANNUAL INTEREST.

BY SIGNING, I CERTIFY, I HAVE READ THE ENTIRE DOCUMENT AND AUTHORIZE 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 \_\_\_\_\_ CLIENT 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 \*\***