

LANDLORD VERIFY TENANCY STATEMENT [LVTS]

JUSTICE COURT, TOWNSHIP OF _____ CLARK COUNTY, NEVADA.
(input Las Vegas, or North Las Vegas, or Henderson)

Case No.: _____ Dept. No.: _____
Filled in upon submittal to Court Filled in upon submittal to Court

NOTE: LVTS is performed BEFORE filing the eviction. Can NOT use one (1) LVTS for multiple evictions.

**** CHOOSE ONE (1) OPTION BELOW.**

Option-1 = Owner physically checked the property.

<<< OR >>>

Option-2 = Owner's Broker/PM/Agent/Attorney physically checked the property on behalf of Owner:

Company / Firm Name

Broker / Attorney Name

Broker ID / Attorney Bar#

PM / Agent Name

PM ID / Agent ID

Email

Phone#

<<< OR >>>

Option-3 = Owner's POA Agent/Friend/Family Member physically checked the property on behalf of Owner:

POA Agent / Friend / Family Member Name

Address, City, State, Zip Code

Email

Phone#

**** FILL IN INFORMATION BELOW.**

Owner's Name(s)

NOT Gated

Tenant's Name(s)

GUARD Gated Community

Rental Property Street Address, City, State, Zip Code

GATED = _____
Gate Code

**** FILL IN INFORMATION BELOW.**

1. I am eighteen (18) years of age or older and do hereby make this statement of my own free will.
2. I have waited until AFTER the expiration date of the notice served, before checking the property.
3. I physically went to the above indicated property on date: (mm/dd/yyyy) _____ and at time:
(hh:mm) _____ am / pm.
4. I verified to the best of my abilities that the Tenant (check one):
 is STILL in possession of the property. Eviction CONTINUES.
<<< OR >>>
 has immediately SURRENDERED the property, keys, remotes, etc. to me. Eviction STOPS.

BY SIGNING BELOW, I certify that all the information indicated above is true and correct, and I understand that any FALSE information could result in an Eviction DENIAL.

X _____
Signature of person verifying

Date

Print / Spell name of person verifying