



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

SESSION AUTHORIZATION (SA)

FOR EVICTION ISSUES ONLY (TO INCLUDE BUT NOT BE LIMITED TO NOTICES, EVICTIONS, LOCKOUTS, APPEALS, ETC.)
 TO SPEAK WITH AN LVL AGENT REGARDLESS VIA MEETINGS, PHONE CALLS, TEXT MSGS, EMAILS, FAXES, ETC.

CLIENT IS: Owner Property Manager (PM) Agent Attorney Tenant Date: _____

1. CLIENT INFO (Owner, PM, Agent, Attorney or Tenant) * Email COPY of CLIENT'S DL / ID

NAME _____ EMAIL _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE _____

2. Email all documents to LVLEvictions@Gmail.com

3. _____ < OR > GENERAL
 RENTAL PROPERTY STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

AUTHORIZATION: THE PERSON, COMPANY OR FIRM INDICATED ABOVE ACKNOWLEDGES THAT: 1) HE/SHE/THEY ARE ONLY ALLOWED ONE (1) HOUR SESSION, FOR \$50 PER HOUR, ROUNDED UP TO ONE QUARTER (0.25) MINUTE INCREMENTS PER COMMUNICATION, WITH AN LVL AGENT (REGARDLESS VIA MEETINGS, PHONE CALLS, TEXTS, FAXES, EMAILS, ETC.); 2) LVL IS NOT AN ATTORNEY, LAW FIRM, LAW ENFORCEMENT, JUDGE OR ANY OTHER GOVERNMENT OFFICIAL; 3) CLIENT IS ADVISED TO CONSULT AN ATTORNEY IF NEEDED; 4) ANY TIME AND EFFORT AFTER THE FIRST ONE (1) HOUR SESSION FORWARD, CLIENT WILL BE CHARGED AT FIFTY DOLLARS (\$50) PER HOUR ROUNDED UP TO ONE QUARTER (0.25) MINUTE INCREMENTS PER COMMUNICATION; 5) THE FINAL DECISION ON ALL RECOMMENDATIONS OR ACTIONS TAKEN IS THE SOLE RESPONSIBILITY OF THE CLIENT; 6) THIS AUTHORIZATION COVERS ANY PREVIOUS, CURRENT AND FUTURE SESSIONS WITH CLIENT, CLIENT'S REPRESENTATIVE, ATTORNEY, FAMILY MEMBERS, FRIENDS, TENANTS, ETC.; 7) LVL WILL DICTATE HOW SESSION WILL PROCEED (BY APPOINTMENT, PHONE CALL, EMAIL, FAX, TEXT OR ANY OTHER MEANS REQUIRED), ITS LOCATION AND TIME (MON-FRI { 9AM to 5PM }, SATURDAY AND SUNDAY BY APPOINTMENT ONLY); 8) PAYMENT IS REQUIRED BEFORE ANY SESSION CAN BE SCHEDULED; 9) ALL FEES ARE NONREFUNDABLE AND NONTRANSFERABLE, REGARDLESS OF OUTCOME; AND 10) ALL PARTIES SHALL HOLD LVL HARMLESS FROM ANY CHARGES, FEES, SESSIONS, RECOMMENDATIONS, COMMENTS, INTERPRETATIONS, TRANSLATIONS, ERRORS, OMISSIONS AND ANY LEGAL ISSUES. COMPANIES, OWNERS, PMs, ATTORNEYS, TENANTS AND AGENTS AGREE TO PAY ALL FEES BEFORE OR WHEN THEY BECOME DUE BY CASH, CHECK, MONEY ORDER, CASHIER'S CHECK, CREDIT CARD, DEBIT CARD OR QUICK PAY. A FIVE PERCENT (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 TWELVE PERCENT (12%) ANNUAL INTEREST.

BY SIGNING, I CERTIFY, I HAVE READ AND UNDERSTAND THE ENTIRE DOCUMENT AND AUTHORIZE THIS CURRENT AND FUTURE SESSIONS WITH LVL.

SIGN: x _____
 CLIENT SIGNATURE DATE

**** HOW ARE YOU PAYING FOR THIS SESSION?** Cash, Check, Money Order = in person delivery. Zelle = online (www.zellepay.com).
 Credit/Debit Card below

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. DELIVER in PERSON or EMAIL or FAX to LVL ****

OFFICE USE ONLY [This box will be filled in (hand written) by LVL staff]										
1 ST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	<input type="checkbox"/> / <input type="checkbox"/>
	MTG	CALL	EMAIL	TEXT	FAX	DATE	START TIME	AM PM	END TIME	AM PM
2 ND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	<input type="checkbox"/> / <input type="checkbox"/>
	MTG	CALL	EMAIL	TEXT	FAX	DATE	START TIME	AM PM	END TIME	AM PM
3 RD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	<input type="checkbox"/> / <input type="checkbox"/>
	MTG	CALL	EMAIL	TEXT	FAX	DATE	START TIME	AM PM	END TIME	AM PM