

Fax
 completed
 form to:
 678-669-2455

EVICTON REPORTING FORM
 PLEASE FILL IN BOXES THEN PRINT AND FAX

DATE: _____

NAME OF OWNER

NAME OF AGENT/ OR CONTACT PERSON

STREET CITY STATE ZIP

 SIGNATURE OF AUTHORIZED OWNER/AGENT

TELEPHONE

RESIDENT'S NAME & ADDRESS	BASE RENT	RENT DUE	LATE FEE	WARRANT FEE	OTHER CHARGES
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1.					
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Sworn and Subscribed Before Me
 This ___ day of _____, 2010.

 Notary Public

I hereby attest that the above signature is an authorized person to pursue legal action to regain possession of the premises listed above and has express authority to appoint, Mary Allen, Homefinders/Rental Property Services, or its agents as attorney-in-fact for the limited purpose of prosecuting such claims for possession as enumerated in the Georgia Landlord Tenant Act.