

4502 S. Manhattan Avenue
Suite #105
Tampa, FL 33611
Office (813) 839-3343
Fax (813) 839-3347

EVICTIONS+Plus

INDEPENDENT EVICTION SERVICES

ANTHONY GREEN
PRESIDENT

NON-ATTORNEY EVICTION RELATED SERVICES

REQUEST TO PREPARE AND SERVE 3-DAY NOTICE

PRINT THE FOLLOWING INFORMATION

Property owner's full name? _____
Property Manager's full name? _____
Address as you want listed on the lawsuit? _____
City, State and Zip Code? _____
Primary Phone Number? _____
Secondary (Cell) Number? _____
Fax Number? _____
Email address _____

DEFENDANT INFORMATION

First Tenants FULL name? _____
Second Tenants FULL name? _____
Rental Property Address? _____ Apt. # _____
City, State and Zipcode? _____
*** How much RENT is past due? \$ _____

NOTE*** The amount stated above is for past due rent **ONLY**. **DO NOT** include late fees, bounced check fees, water, electric or **ANY OTHER FEES THAT ARE NOT RENT**.

Fee: \$50.00

By signing this request, I/we hereby authorize Evictions Plus, Inc., without recourse, to prepare and deliver a notice to the tenant with the information supplied by me above. I/We agree to pay Evictions Plus, Inc., their fee of \$50.00 by attaching a Credit Card Authorization form. Said fee includes preparation and delivery of the notice ONLY. The current fee for filing an eviction with us in the State of Florida is \$495.00 (for one tenant, plus \$50.00 each additional tenant). By faxing this request to Evictions Plus, Inc., I/We acknowledge and accept that I/We are responsible for a \$25.00 fee payable to Evictions Plus, Inc. if we start preparation of our documents and I/We cancel prior to serving the notice. I/We further agree that I/We are solely responsible for the information, its contents and the right to file this eviction.

Date this ____ day of _____, 20____.

Signature

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CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT CLEARLY

CARDHOLDER NAME: _____
BILLING ADDRESS: _____
(City, State and Zip Code) _____
CREDIT CARD TYPE _____ VISA _____ MASTER CARD
CREDIT CARD NUMBER: _____ - _____ - _____ - _____
EXPIRATION DATE: _____ / _____
BILLING ZIP CODE: _____
PHONE NUMBER (_____) _____
Card Identification # _____ (3 digits on back of card)

(Check all of the following that apply)

_____ Preparation and service of Notice 50.00
_____ Rush Service Fee (Same Day Delivery, If Available) 25.00

By signing below I authorize Evictions Plus, Inc. to charge my credit card a ONE TIME FEE of \$ _____ (plus 3.5% processing fee) for payment of the above.

Signature: _____ Date: _____

FAX TO: (813) 839-3347