



# Imagine Service Group Inc.

## EVICTIION FORM

Work Order Number: \_\_\_\_\_

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Date of Eviction: \_\_\_\_\_ Start Time: \_\_\_\_\_

Mortgagor: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Number of Men present at Eviction: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Total Man Hours: \_\_\_\_\_

Number of Cubic Yards of Personal Property Removed: \_\_\_\_\_

Disposal of Personal Property: Moved to Curb \_\_\_\_\_ Taken to Storage \_\_\_\_\_

Per Sheriff Items Placed at Curb are to be Removed after \_\_\_\_\_ hours.

Comment Section: *(To be filled out if Eviction is Cancelled, Rescheduled, if any other work is requested by the Sheriff/Marshall, or any other necessary information):*

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**The work listed above was completed in conjunction with the eviction proceeding.**

**\*\*Disclaimer: The Presiding Officer will not be held liable for any property removed, stored, or taken to a disposal site.\*\***

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Sheriff/Marshall's Signature

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Sheriff/Marshall's Name & Badge #: (print)

\_\_\_\_\_  
Contractor's Name or Company Name