



Imagine Service Group Inc.

EVICTION FORM

Work Order Number: _____

Date of Eviction: _____ Start Time: _____

Mortgagor: _____ Loan Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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):*

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.****

Sheriff/Marshall's Signature

Contractor's Signature

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

Contractor's Name or Company Name