BERAN LAW OFFICE, PC., LLO
PHONE:(402)466-7110 FAX:(402)466-1950 - EMAIL: PARALEGAL@BERANLAW.COM

Client:		Contact	Name:	
Billing Address:		City/State/Zip: Fax Email		
	S INFORMATION MUST BE PROVIDED			
1 Owner of Prone	erty			
Owner of Pr	operty must agree with Lanc. Co. Assessor	Information	If Owner is Trust,	must include Trustee name.
2. Owner Legal St	atus:CorporationPartnership	LLC	Individual(s)	
3. If Owner is an e	entity, indicate State of Organization:			
4. Property Addre	ess:		Apartment #	Zip:
5. Authorized Ten			<b>:</b> -	
6. Other Occupan	t(s):			
Do not inc	lude the names of children under age 18. "A			
7. Co-Signer(s) &	Address If Applicable:			
8. Lease ()Oral () Written # of Months:Dates:				
9. Notice ()7	7 Day () 30 Day ()Other		Date Serve	1 :
	s NOT a 7 Day or 30 Day, Please give more			
10. Specify months	s rent not paid:			
IF VOI	This information must match the HAVE RECEIVED ANY RENTAL ASSIST			
11 100	HAVE RECEIVED ANT RENTAL ASSIST	ANCE ON I		
11. Rent	Monthly Rate		Total Owing	
12. Housing	Subsidy Rate		Total Owing	
13. Late Charges	Monthly Rate		Total Owing	
14. Per diem rent	(Monthly rent divided by 30 days)			
	e requested: ()Personal and Resid		()Mail and Posting	* If Type of Service is Not Checked, we will use M&l
16. Do you intend	to pursue judgement other than restitution o	of premises?	()No	()Yes
17: Security build	ing or other instructions for Constable?			
	arding reason for eviction, including potential:			might be needed and/or
I HEREBY AUTH	ORIZE THE BERAN LAW OFFICE, P.C.	, L.L.O. TO F	PROCEED WITH THE E	EVICTION CASE.
Date TO THIS REFERI	RAL: ATTACH COPIES OF SIGNED LEA	Authorized S SE/RENTAL	C	CES OF EVICTION.
FOR OFFICE USI Our File #:	E ONLY Case #: CI		Trial Date:	
	EL:		Reset For:	
	Inv:		Reset For:	
	Service:		3-Cz:	
	Code:			