

Fax  
 completed  
 form to:  
 678-669-2455

**EVICTION 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
1.					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Sworn and Subscribed Before Me  
 This \_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
 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 and interim Property Manager for the limited purpose of prosecuting such claims for possession as enumerated in the Georgia Landlord Tenant Act.