Solano County Shariff's Department Civil Burgau

	FILE #	RECEIVED – For Office Use Only □ Debit □Credit □check	□waiver □ cash
PRINTES OFFE	COURT CASE #	LOCKOUT DATE	
		vs	
	Plaintiff	Defendant	
	Writ of Possession-	viction Instructions - Real Property CCP 715.010- e the original writ and two copies.	715.050
	Solano County, pursuant to the of the below described proper	he attached writ, you are instructed to placerty.	the judgment creditor in
		ludgment Debtor(s) you want us to evict. The and 21 of the writ, or the Sheriff will not a	

4.	Please provide any officer safety issues:	CHECK A	LL THAT APPLY- <u>IF</u>	UNSURE THEN	CHECK HERE
	☐ Weapons ☐ Violent toward Law en	forcement	☐ Prior Law Enforce	ement Activity 🗆 A	Assaultive
	☐ Loose Dogs in Yard ☐ Drug Use ☐	☐ Mentally !	Disordered	•	

□ Loose Dogs in Yard	⊔ Drug Use	□ Ivientalily	Disordered
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5. Describe or provide additional concerns:

□ Gated Community	Gate Code □	Elderly □	Disabled/Serious Medical Issues □

6. Day of Eviction

You or your agent must be present at the scheduled time and date of the eviction. You are required to provide the Deputy with access to the interior of the premises for the Deputy to restore lawful possession of the property to you. The eviction process is not complete until the Deputy restores the possession of the property to you, even if the occupants vacate the premises prior to the Deputy's arrival. We will contact the person/agent listed below (between 0800-1200 the Friday before the lockout date) with the exact time to meet the deputy.

Contact Agent Name: _	
Daytime phone:	Cell phone:

7. Cancellations

The eviction process is not complete until the Deputy restores the possession of the property to you, even if the occupants vacate the premises prior to the eviction. However, if you wish to cancel the eviction prior to the final restoration, the attorney of record must notify our office in writing prior to the date and time of the scheduled eviction. There will be a cancellation fee of \$40.00.

8. Your Information

Your name:	Phone:	
Your address:		
Signature:	Date:	
Must be signed by the Plaintiff, Attorney of Record or Assignee of Record. I am the □ plaintiff	□ plaintiff's attorney of record	□ assignee of record.

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