

SWISTAK LEVINE

Professional Limited Liability Company

ATTORNEYS AT LAW

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Nonpayment Information Form

COMMUNITY INFORMATION

Name of Community: _____ County: _____

Community Manager: _____ Phone: _____

eMail: _____

RESIDENT INFORMATION

Name of Resident(s): _____

Address: _____ Lot No. _____

City: _____ Zip: _____

Residents' Social Security #s: _____

Residents' Dates of Birth: _____

Resident Phone #: _____

Lienholder & VIN # _____ (if applicable)

EVICTION INFORMATION

5-Day Demand Notice Date: _____ 5-Day Demand Amount \$ _____

Monthly Rent: \$ _____ Unpaid Months: _____

Late Charge(s): _____ Total Rent Balance: _____

Please email to info@swistaklaw.com or fax to 888-421-7890 the completed form along with a copy of the 1) Lease, 2) 5-Day Demand Notice, 3) Rental Application and 4) Rent Ledger.

Thank You