



MARYLAND EVICTIONS ONLINE

Case Info Sheet

Landlord's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Phone: _____

Email Address: _____

Property Address: _____

City: _____

State: _____ Zip Code: _____

All Tenant's Name on the lease: _____

Monthly Rental Amount: \$ _____ Due on the (ex. 1st, 15th): _____

Monthly Late Fee Amount: \$ _____ Total Amount Due: _____

Back Rent Description: _____

Was the Property built prior to 1978? Yes No Is the Property Registered with MDE? Yes No
Is the tenant in the military? Yes No

Owner's Signature

Date

Fax Forms to (240) 266-1108 or
Email: info@marylandevictionsonline.com