



Eviction Screening / Fax Request Form

Screening for eviction filings against your applicant(s)

Fax to: AASCW- 608.826.6236

Form will be faxed back within 24 hours

Today's Date: _____

Requestors Name: _____

Billing Firm Name: _____

Billing Address: _____

Phone #: _____ FAX#: _____

Applicants Full Name (middle initial helpful)			
Date	Address at time of Eviction	Filing Party/Plaintiff	Case #

Applicants Full Name (middle initial helpful)			
Date	Address at time of Eviction	Filing Party/Plaintiff	Case #

Applicants Full Name (middle initial helpful)			
Date	Address at time of Eviction	Filing Party/Plaintiff	Case #

Applicants Full Name (middle initial helpful)			
Date	Address at time of Eviction	Filing Party/Plaintiff	Case #

\$2.00 X = \$ _____ (total due)

NOTE: Reports contain eviction actions filed in court. The applicant may not have been evicted, and the Association makes no representation in that regard. You should verify outcome with the housing provider listed as the filing party/plaintiff. Due to the common names of any given individual, AASCW does not guarantee the person(s) listed above is actually your applicant.