



Eviction Screening Request Form

Please print clearly. Fax completed request to (608)284-7456.

Today's Date: _____

Your Name: _____

Company Name: _____

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 AASCW 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 your applicant. AASCW does not provide verification services.

You will receive the report within 24-hours.

AASCW | 2909 Landmark Place, Suite 202 | Madison, WI 53713 | (608) 826-6226