2	JUSTICE COURT, TOWN WASHOE COUNTY	
2 3 5 5 7 3 9	Landlord's Name: Preferred Pronoun(s): Business Name: Agent's Name: Address: City, State, Zip: Phone: Email: Landlord, VS.	Dept. No.:
	Tenant'sName: Preferred Pronoun(s): Address: City, State, Zip: Phone: Email: Tenant.	Unlawful Business/Controlled Substance Violation □ Perform Lease Condition □ Tenancy-At-Will □ No Cause
3 ) ) ;	Landlord or Landlord's authorized agent stat completing by hand, please <b>print</b> in clear, legible ink. Ille by the Court): 1. I am the (check one box) □owner or □ow at (insert complete address of rental unit, including city, state and zip 2. The Tenancy started on (insert date) 3. The Tenancy is a (check one box) □period	egible documents may be summarily dismisse ner's agent of the rental premises located p): odic month-to-month
5	week	rt date tenancy ends)

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4. Tenant has not complied with the terms of the rental agreement or with the obligations of tenants set forth in Chapter 118A of the NRS as follows (describe tenant's		
violation):		
$\Box$ check here if continuation sheets are attached.		
5. Tenant was served with a written notice to quit on (insert date notice served)		
incompliance with NRS 40.280, and a copy of that notice is attached or		
submitted with this complaint.		
6. I examined the rental property on <i>(insert date you examined the property)</i>		
and Tenant remained in possession. In addition, if Tenant was served with a Five-Day Notice to Perform Lease Condition or Quit, Tenant did not perform that lease condition as of the date of my examination.		
		7. Tenant ( <i>check one box</i> ) $\Box$ did not sign a written rental agreement, or $\Box$ did sign a
		written rental agreement, and a copy of that agreement is attached or submitted with this
complaint.		
8. Tenant's rent (check one box) $\Box$ is not, or $\Box$ is subsidized by a public housing		
authority or governmental agency, and a copy of the Housing Assistance Payment Contract (or		
"HAP") is attached or submitted with this complaint and I have provided Reno Housing		
Authority with a copy of the eviction notice pursuant to 24 C.F.R. § 982.310(e)(2)(ii).		
THEREFORE, I declare under penalty of perjury that the above statements are true and correct		
to the best of my knowledge and that the reason for this request is not for the purpose of delay or		
any other frivolous or improper purposes. Finally, by signing below I consent to accept electronic		
service of any documents filed into this case at the e-mail address indicated above, pursuant to Rule		
9(c) of the Nevada Electronic Filing and Conversion Rules.		
(Date) (Type or Print Name) (Signature)		