

# ALBANY COUNTY SHERIFF'S OFFICE

**QUESTIONNAIRE FOR LANDLORDS**

**DOCKET NUMBER** \_\_\_\_\_

YOUR ANSWERS TO THE FOLLOWING QUESTIONS WILL HELP US TO REDUCE ANY POTENTIAL FOR PROBLEMS WHEN ENFORCING YOUR WARRANT OF EVICTION. PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

CIRCLE YES OR NO

**WILL OUR DEPUTY BE ABLE TO GAIN ACCESS TO POST EVICTION ON THE DOOR OF THE TENANTS LIVING AREA (NOT BUILDING DOOR)?** YES NO

**ARE ANY OF THE TENANTS ELDERLY?** YES NO

**ARE THERE ANY CHILDREN RESIDING IN THE APARTMENT?** YES NO

A) IF YES, HOW MANY? \_\_\_\_\_

**IS TENANT RECEIVING ASSISTANCE FROM THE DEPARTMENT OF SOCIAL SERVICES?** YES NO

**DOES ANYONE WHO RESIDES IN THE APARTMENT HAVE A MEDICAL CONDITION WHICH REQUIRES THE USE OF THE FOLLOWING? (IF YES, PUT AN X IN THE SPACES BELOW)** YES NO

\_\_\_ WHEELCHAIR \_\_\_ CRUTCHES \_\_\_ OXYGEN \_\_\_ OTHER: \_\_\_\_\_

**ARE THERE ANY PETS IN THE APARTMENT? (IF YES, LIST HOW MANY BELOW)** YES NO

\_\_\_ DOGS \_\_\_ CATS \_\_\_ OTHER: \_\_\_\_\_ (ADVISE IF VICIOUS) \_\_\_\_\_

**\*\*\*\*IF THERE IS A HISTORY OF VIOLENCE WITH THE TENANT OR OTHER IMPORTANT INFORMATION THAT YOU THINK WE SHOULD KNOW PLEASE DESCRIBE BELOW.**

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: (WILL BE NOTIFIED OF EVICTION DATE)

NAME: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

\_\_\_\_\_

CELL PHONE # \_\_\_\_\_