

BANKS COUNTY SHERIFF'S OFFICE

WRIT OF POSSESSION REQUEST FORM

DATE/TIME REQUEST MADE:	
NAME, ADDRESS, AND PHONE NUMBER OF PERSON MAKING REQUEST:	
NAME AND PHONE NUMBER OF EVICTION CREW MEMBERS:	
LOCATION OF WRIT:	
DATE AND TIME ASSIGNED FOR WRIT:	
CASE NUMBER:	DATE WRIT ISSUED OR EFFECTIVE:
DEFENDANT (S) NAME/PHONE NUMBER:	
DATE, TIME, AND COURT COPY OF WRIT OBTAINED FROM:	
DATE, TIME, AND PERSON CONTACTED WITH THE FEDERAL COURTS IN GAINESVILLE, GA CHECKING ON BANKRUPTCY FILINGS (678) 450-2700:	
BANKRUPTCY CASE NUMBER:	
NUMBER OF PEOPLE REQUIRED FOR EVICTION (2 PEOPLE PER BEDROOM PLUS A SUPERVISOR)(NUMBER OF BEDROOMS):	
EXTENUATING CIRCUMSTANCES:	
DEPUTY RECEIVING REQUEST & BADGE NUMBER:	
DATE AND TIME:	
DATE AND TIME WRIT STARTED:	TIME ENDED:
NOTES:	
ITEM (s) SEIZED AS EVIDENCE, IMPOUNDED, OR FOUND PROPERTY (NOTE RELEASE TO):	
DEPUTY(S) COMPLETING WRIT(SET OUT, CANCELED, OR VACATE):	
DEPUTY(S) DISPATCH CASE NUMBER:	