

# CAYUGA COUNTY SHERIFF'S OFFICE

## Civil Division

Courthouse Annex  
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David S. Gould  
Sheriff

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## CAYUGA COUNTY SHERIFF'S DEPARTMENT ENFORCEMENT OF EVICTION

There are two methods for enforcement of evictions as described below.

### 1. Legal Possession:

The Sheriff's Deputy will remove only the tenant(s). The Deputy will be present while the landlord changes the entrance locks to the premises described in the Warrant, if requested by the landlord.

To select this method the landlord will: 1) relieve the Sheriff's Department of the duty to oversee the removal of the tenant's property, 2) acknowledge that he/she will become responsible to the tenant for his/her possessions left on the premises and, acknowledge that they understand that he/she will be given "Legal Possession" of the premises.

### 2. Full Possession:

The Sheriff's Deputy will remove the tenant(s), and oversee the removal of the tenant's property. The landlord is required to provide mover(s) and storage for the tenant's personal possessions if he/she does not remove them voluntarily. It is strongly recommended that the removal and storage be done by a "bonded" moving and storage company. The landlord assumes full liability for all removed property, or property stored on the premises.

### 3. MOBILE HOME EVICTIONS - WHEN RESPONDENT OWNS THE MOBILE HOME

The Sheriff's Deputy will oversee the securing and removal of the Mobile Home.

\_\_\_\_\_.petitioner / landlord

-Vs.-

\_\_\_\_\_tenant/respondent

I request the Sheriff's Department use method #\_\_\_\_ in the enforcement of this eviction.  
Mobile Home evictions: I have read and understand the above.

Signature/ Date of Landlord or Petitioner: \_\_\_\_\_

Name of Defendant: \_\_\_\_\_

Co Defendant: \_\_\_\_\_

Address of Defendant: \_\_\_\_\_

Location of Apt or number (clearly marked) \_\_\_\_\_

Description of Residence: \_\_\_\_\_

Special direction: \_\_\_\_\_

Phone #s of Defendant: \_\_\_\_\_

Residence: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Defendants Employer: \_\_\_\_\_

Hour's defendant works \_\_\_\_\_

Vehicles defendant own or drive: \_\_\_\_\_

Dog's, ECT, of hazards to enforcement Deputy: \_\_\_\_\_

Contact Person information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s Day Time \_\_\_\_\_ Nights: \_\_\_\_\_

Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Are there any children residing in the apartment? YES NO UNKNOWN
- A. How many? \_\_\_\_\_
- B. School age? YES NO UNKNOWN
3. Anyone residing in the apartment handicapped? YES NO UNKNOWN
4. Any pets in the apartment? YES NO UNKNOWN
- A. Dogs? YES NO a. How many? \_\_\_\_\_
- B. Cats? YES NO b. How many? \_\_\_\_\_
- C. Other:? YES NO c. How many? \_\_\_\_\_
- D. Are any of the animals vicious? YES NO UNKNOWN
5. Are you aware of the tenant(s) having any guns or other weapons? YES NO
6. Do you know of anything else that we should know about,  
that could hamper the eviction? YES NO