

# CAYUGA COUNTY SHERIFF'S OFFICE

## Civil Division

157 Genesee Street 3<sup>rd</sup> Floor  
PO Box 518  
Auburn, New York 13021  
Phone: 315-253-1087  
Fax: 315-253-1088

Brian P. Schenck  
Sheriff

WM Steven Smith  
Undersheriff



## 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 all persons from the premises. The Deputy will oversee the landlord change all locks.

By selecting this method the landlord will:

- A. Relieve the Sheriff's Department of the duty to oversee the removal of the tenant's property.
- B. Acknowledge that landlord will assume full liability for the tenant's property left on the premises for a reasonable amount of time to be determined by their legal counsel.

### 2. FULL POSSESSION:

The Sheriff's Deputy will remove all persons and oversee the removal of all property on the premises.

By selecting this method the landlord will:

- A. Provide a Bonded Moving Company,
- B. Store all property in a safe and secure area, and assume full liability of tenant's property.

\_\_\_\_\_ Petitioner / Landlord

-vs-

\_\_\_\_\_ Tenant / Respondent

I request the Sheriff's Department use method # \_\_\_\_\_ in the enforcement of this eviction.

Signature \_\_\_\_\_ Landlord

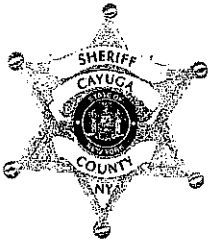
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### TO BE COMPLETED BY PETITIONER

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

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

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

Description of Residence/  
Special Direction \_\_\_\_\_

Defendants Phone # : \_\_\_\_\_

Defendants Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Vehicle(s) Defendant Own/Drive: \_\_\_\_\_

Are there School Age Children residing in apt? Yes/No/Unknown How Many Children? \_\_\_\_\_

Anyone residing in the apartment Handicapped? Yes/No/Unknown

Any Pets in the apartment? Cats? Yes/No/Unknown How Many? \_\_\_\_\_

Dogs? Yes/No/Unknown How Many? \_\_\_\_\_

Dogs Vicious? Yes/No

Other Animals? Yes/No/Unknown How Many? \_\_\_\_\_

What Kind of Animal? \_\_\_\_\_

### HAZARDS TO ENFORCEMENT DEPUTY

Are you aware of tenant(s) having guns or other weapons? Yes/No/Unknown

Do you know of anything we should know about that could hamper eviction? Yes/No/Unknown

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## CONTACT PERSON INFORMATON

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # DAY: \_\_\_\_\_ NIGHT: \_\_\_\_\_

FAX#: \_\_\_\_\_