

LEGAL PROCESS SERVICE  
724 S. 8<sup>TH</sup> STREET  
LAS VEGAS, NV 89101  
Office: 702-471-7255 Fax: 702-472-7248

**Landlord/Agent Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

I, \_\_\_\_\_ do hereby acknowledge that I will not hold Legal Process Service (LPS) responsible for any Eviction discrepancies due to the service handling of any Notices and/or Documents which were not drafted by LPS or served by LPS. I fully acknowledge and fully understand that I will be responsible for the accrued fees regarding this Eviction Filing; even if the Eviction is not accepted or processed after we have attempted to file.

By signing this document I acknowledge that I have read and understand the paragraph above and hold LPS harmless.

**SIGN:** \_\_\_\_\_ (Sign Name)

**PRINT:** \_\_\_\_\_ (Print Name)

**DATE:** \_\_\_\_\_