



OTSEGO COUNTY OFFICE OF THE SHERIFF

172 County Highway 33W
Cooperstown, New York 13326

RICHARD J. DEVLIN, JR
SHERIFF



CAMERON S. ALLISON
UNDERSHERIFF

EVICITION POLICY

The policy of the Otsego County Sheriff's Civil Division is **NOT** to give legal advice on the matter of evictions. If the matter proceeds to court, and a warrant has been issued, the following guidelines are in effect when the warrant is executed.

- ALL fees and anticipated expenses to the Sheriff must be paid in advance.
- The Civil Division **MUST INSPECT** the WARRANT before accepting and executing.
- ALL EVICTION EXPENSES INCURRED BY THE Sheriff's Civil Division, i.e.: employee overtime; will be billed to you when the process is finalized.
- FEES ARE: \$107.00 for each person, plus mileage. No refunds once the procedure has commenced

ORIGINAL WARRANT

The **original warrant** must be furnished from the court of jurisdiction. The warrant must contain the following:

- Address warrant to: **THE SHERIFF OF OTSEGO COUNTY**
- Original copy – containing Judge's signature
- Eviction Residence – 911 address, complete description of residence containing apartment number, i.e.: if apartment house specify on warrant Apartment A, downstairs, upstairs, right, left, straight ahead, etc.

72-HOUR NOTICE SERVED

- The Sheriff's Civil Division will proceed by serving a seventy-two (72) hour notice. (Excluding holidays and weekends.)
- Do not anticipate anything. **THE EVICTION WILL NOT OCCUR AT THE EXPIRATION OF THE 72 HOUR NOTICE.**
- You will be contacted. We will provide you with the date, and time of the scheduled eviction.
- You are expected to be at the residence on the date, and time of the eviction.

OWNER'S RESPONSIBILITIES

YOU are responsible for the physical removal of the tenant's/tenants' personal belongings. **You must provide storage for items removed, (for a reasonable period (2) two to (4) four weeks).** If the aforementioned method is selected, then you must bear the responsibility for same as follows:

- Adequate manpower to remove the items. (We suggest 3 to 4 people for an apartment or 4 to 5 people for an entire house).

- Proper storage area. (We suggest inside storage; however, it can be outside, if you properly cover the items). The property cannot be stored on the eviction property.
- Equipment (trucks, etc.) must be provided by you to remove the items. (We suggest several pick-up trucks and for an excessive eviction, rental of a large truck.)

EVICTON TIME PARAMETERS

If you provide manpower and equipment, as stated above, the eviction should be accomplished within the officer's regular work schedule. **However, if the officer is required to work beyond his regular hours, you will be charged for his/her overtime.**

EVICTON ASSISTANCE

If you cannot meet the aforementioned requirements, the Sheriff's Civil Division possibly can assist you in making arrangements. In any case, the arrangements are strictly between you and the vendor.

ATTORNEY INQUIRIES

Questions regarding storage (how long to store) should be addressed to your attorney. However, we feel a proper period of time should be allotted.

NOTIFICATION TO EVICTED PERSON REGARDING PROPERTY

The Sheriff's Civil Division will notify the person(s) evicted that his/her property could be disposed of. The tenant will be responsible to contact you (the landlord) for getting his/her property back. **Be reminded** that the tenant has a much right to his/her property as you to yours. You cannot withhold the property for any reason. You must release the property to him/her upon reasonable request.

NOTE: PLEASE BE ADVISED THAT, IF THE ABOVE REQUIREMENTS ARE NOT MET; WE CANNOT PROCEED WITH THE EVICTON.THE WARRANT WILL BE RETURNED TO THE COURT and you will be required to pay fees a second time.



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Eviction Agreement

To Whom It May Concern:

A copy of the eviction policy of the Office of the Sheriff - Otsego County was provided to me. I have read and fully understand this policy.

I understand that I'm responsible for the physical removal of all personal property of the tenants from the residence. I understand I must place the property in a safe and secure place for a reasonable period of time, allowing the owner reasonable access to it. I understand the place I select to keep the property of the tenant must be completely separate from the premises of the eviction.

I understand that if I do not meet all of the requirements of the policy, the eviction will be cancelled and will have to be rescheduled for a later date.

I hereby release the Otsego County Sheriff, the Office of the Sheriff - Otsego County, and the County of Otsego from all responsibility for the property removed pursuant to the Warrant of Eviction or other court mandate.

LANDLORD

SIGNATURE: _____ / _____
Print Name Signature

DATE: _____ TELEPHONE: _____

AGENT FOR THE

LANDLORD: _____ / _____
Print Name Signature

DATE: _____ TELEPHONE: _____

OTSEGO 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 DEPT 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 X IN SPACES BELOW) YES NO
___ WHEEL CHAIR ___ 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.**

CONTACT PERSON: (W ILL BE NOTIFIED OF EVICTION DATE)

NAME: _____ HOME PHONE #: _____

ADDRESS: _____

WORK PHONE # _____ CELL PHONE # _____