MAGISTRATES COURTREGISTRY	1120121111111			
		NANCIES ACT 1987 (WA	<b>(A)</b>	Case number:
	_	ection 19		
KEGIOTKT		GIVE EVIDENCE AN	D	Date lodged:
PH: FAX:		ICE DOCUMENTS		
1700		FORM 13		
APPLICANT(S)	Name:			
Tick [✓] a box				
Lessor				
☐ Tenant				
RESPONDENT(S)	Name:			
Tick [✓] a box				
Lessor				
☐ Tenant				
Address of rented p	remises:			
Name and To	D.			
Name and address of	J. 			
witness	:		Post	code:
Please tick [√]  ☐ You are not require	d to bring any documents	with you.  ce for examination the follow		
your possession or		oc for examination the follow		
Registrar			Date	
		Court Seal		

MAGISTRATES COUR	T:	RESIDE		ENANCIES	ACT 1987	7(WA)	Cas	e number:	
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RESPONDENT(S)	Na	ame:							
Tick [✓] a box									
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Address of rented	prem	nises:							
Name and I									
Name and address of	To:								
witness	of:						Postcode	:	
YOU ARE SUMMO	NED ——	to appea	r before t	he Magistra	tes Court a	at: 			
on	day	, the	da	ay of				20	
									ation
at									
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Please tick [✓]				ts with you					
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