



Process Service Request Form

Requestor Information

Your Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Direct Phone/Ext: _____ Fax Number: _____

Email Address: _____ Website: _____

Upon Completion, Notify us via: Phone Email Fax None

Service Information

Priority: Routine Rush Serve Today Service Deadline _____

Manner: Personal only Substitue, over 18 Corporate, authorized agent Other describe below

Case Number: _____ Documents to be served: _____

Servee Name (s): _____

Primary Service Address: _____ Home Business Other

Alternate Service Address(es): _____ Home Business Other

Additional information: _____

Affidavit Information

Filing: File with court and send us a copy Don't file, return to our office

Return: Regular Mail Overnight Mail Drop off at our office