



SERVICE INFORMATION SHEET

Please Serve Papers Upon:

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____

Description of the person to be served: Eye Color: _____ Height: _____ Weight: _____

Place of employment, if in Meeker County: _____

Home Address: _____

We cannot serve a PO Box address, must provide a physical address.

City/State: _____ Zip Code: _____

Phone: _____

Vehicles: _____

Papers to be served: _____

Weapons/Animals: _____

RETURN CERTIFICATE and/or REFUND TO

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____