INSTRUCTIONS TO SHERIFF

- **WE DO NOT SERVE DOCUMENTS OUTSIDE OF POLK COUNTY**
- **PLEASE WRITE LEGIBLY OR HAVE SOMEBODY WRITE LEGIBLY FOR YOU**
- **IF YOU RUN OUT OF ROOM PLEASE CONTINUE ON THE BACK OF THE PAGE**
- **ANY SERVICE INFORMATION YOU CAN PROVIDE WILL BE HELPFUL**

YOUR INFORMATION

DATE: _____

PERSON OR BUSINESS REQUESTING SERVICE: _____

MAILING ADDRESS: _____

CONTACT PHONE: _____

SERVICE INFORMATION

1) ***COURT CASE NUMBER*:** _____

2) ***PERSON OR PEOPLE YOU WANT US TO SERVE*:**

_____

APPROXIMATE AGE(S) IF KNOWN: _____ PHONE # IF KNOWN: _____

VEHICLE(S) IF KNOWN: _____

☐ Has Dogs ☐ Abuses Alcohol ☐ Illegal Drug User ☐ Anti-Law Enforcement ☐ History of Violence

☐ No Trespass Signs ☐ Suicidal ☐ Has Guns ☐ Other: _____

3) ***ADDRESS YOU WANT US TO SERVE AT*:** _____

_____

4) ***DOCUMENTS YOU WANT US TO SERVE*:** _____

_____

_____

_____ ☐ Continued on back →

BY SIGNING BELOW I AFFIRM THAT THE DOCUMENTS PROVIDED TO YOU FOR SERVICE ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS

_____

SIGNATURE OF PARTY REQUESTING SERVICE

REVISED 02-08-18 *REVISED 06-11-20*
REVISED 02-22-18 *REVISED 06-25-20*