

INSTRUCTIONS

- **WE DO NOT SERVE DOCUMENTS OUTSIDE OF POLK COUNTY**
- **WE DO NOT LOOK UP ADDRESSES**
- **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 WILL BE HELPFUL**

YOUR INFORMATION

DATE: _____

PERSON OR BUSINESS REQUESTING SERVICE: _____

MAILING ADDRESS: _____

CONTACT PHONE: _____

WHO ARE WE SERVING?

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

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

DOB OR APPROX 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 & THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF PARTY REQUESTING SERVICE