

SERVICE INFORMATION SHEET

Please Serve Papers Upon:

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: Area Code _____ - _____

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

Any other descriptive information: _____

Place of employment: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: Area Code _____ - _____

Vehicles: _____

Weapons/Animals: _____

RETURN AFFIDAVIT and/or REFUND TO

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: Area Code _____ - _____

Email Address: _____

Preferred Method of Receiving Return of Service After Invoice is Paid Mail Email