



Ed Troyer, Sheriff

**SERVICE INFORMATION FORM**

Please type or print clearly so we can follow your instructions. Complete **a form for each person** to be served.

1. **NAME OF PERSON/BUSINESS REQUESTING SERVICE:** \_\_\_\_\_

Contact Person if a Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone/email: \_\_\_\_\_

2. **PERSON TO BE SERVED:** \_\_\_\_\_

Date of Birth and/or Age \_\_\_\_\_

Home Address \_\_\_\_\_

Employer Address \_\_\_\_\_ Work days/hours \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physical description: Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # (JBLM services only) \_\_\_\_\_

SUBSERVICE OK?  YES  NO (Check one)

3. **IF SERVING A BUSINESS**

Business to be Served: \_\_\_\_\_ Business Ph. \_\_\_\_\_

Business Address: \_\_\_\_\_

Name/Title of person to be served on behalf of business \_\_\_\_\_

4. **THE PAPERWORK NEEDS TO BE SERVED BY THIS DATE:** \_\_\_\_\_

5. **BEST TIME FOR SERVICE** (Deputies Work Daytime, Weekday Hours) \_\_\_\_\_

6. **SPECIAL INSTRUCTIONS OR ANY SAFETY INFORMATION THE OFFICER SHOULD BE MADE AWARE OF:**

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Possible Hazards: (circle) guns knives dogs substance abuse mental illness