

TO: Clatsop Sheriff's Office, Civil Division

RE: Request for Service

Date of Request: _____

Please serve the following documents. I understand that you will mail me a proof of service when service is complete.

List all documents to be served:

Court Case #: _____ Court Date (if one assigned) _____

Please serve the following person #1(see back of page for person #2)~

The defendant to be served is: An Individual A Business A Public Body

If FED action, are the premises occupied?: _____

Name: _____ Date of Birth /approx age: _____ Alias: _____

If serving a business, agent name: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____ Ethnicity _____

Service address is as follows (specify NE, N SE, S, etc.): Home Employer: _____

Street: _____ City: _____ ZIP: _____

Best time to serve: _____ Phone #: _____

Other address: Home Employer: _____

Street: _____ City: _____ ZIP: _____

Best time to serve: _____ Phone #: _____

Scars/Marks/Tattoos: _____

Please list any officer safety issues (weapons, threats, drugs/alcohol, dangerous pets, surveillance, mental illness, etc.):

Vehicle information: License Plate #: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____

Other pertinent information:

Party requesting service fill out and sign following:

***Please use your mailing address*

Name (please print): _____

DOB: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____

***Please note that failure to complete this information may delay the service or execution of your process, or could result in returning your paperwork if it is unclear to the sheriff precisely who you want served, etc. Personal injury to a deputy sheriff may also result by omitting any information. This information will be used solely for the execution of process and for officer safety purposes. Information provided may be subject to disclosure under ORS Chapter 192. Your assistance is greatly appreciated.

Please serve the following person #2~

The defendant to be served is: An Individual A Business A Public Body

Name: _____ **Date of Birth /approx age:** _____ **Alias:** _____

Agent to Serve / Name (If Servicing a Business): _____

Sex: _____ **Height:** _____ **Weight:** _____ **Eyes:** _____ **Hair:** _____ **Ethnicity:** _____

Service address is as follows (specify NE, N SE, S, etc.): Home Employer: _____

Street: _____ **City:** _____ **ZIP:** _____

Best time to serve: _____ **Phone #:** _____

Other address: Home Employer: _____

Street: _____ **City:** _____ **ZIP:** _____

Best time to serve: _____ **Phone #:** _____

Scars/marks/Tattoos: _____

Please list any officer safety issues (weapons, threats, drugs/alcohol, dangerous pets, mental illness, etc.):

Vehicle information: **License Plate #:** _____

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

Other pertinent information: _____
