

Officer Safety Information: All questions MUST be answered as they pertain to the person being served.

3. Physical Description: Male () Female () Age _____ Date of Birth _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____

Unique Characteristics (scars, marks, tattoos, etc.) _____

4. Safety Hazards?

- () Violent () Threats to Law Enforcement officers
- () Involved with gangs () or drugs () Dogs on property
- () Weapons on premises () Known to carry a weapon
- () None Known

Special instructions (Best time for service):

(ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW)

DATE: _____

NAME OF PERSON REQUESTING SERVICE _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

ADDRESS/PHONE IS NOT ON ORDER and IS CONFIDENTIAL

Signature of Person Requesting Service
Plaintiff representing him/herself or the Attorney of Record (CCP 262)

***I understand the Sheriff does not guarantee service and if adequate time for service is not provided, I will still be charged a fee for service regardless of whether or not attempts were made. I am also aware that any time restrictions I place on my request decreases the chances for successful service. X**

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738)

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials: _____ counter mail cash check # _____ credit/debit waiver