

SPOKANE COUNTY SHERIFF'S OFFICE REQUEST TO SERVE DOCUMENTS

*****Fees are for the first attempt only. Any additional fees incurred will be billed to the person requesting service*****

REQUESTOR CONTACT/BILLING INFORMATION:

Your Name

Your Mailing Address

City State Zip Code

___ Home ___ Work ___ Cell ___ Other

Your Telephone Number (include area code)

PERSON(S) TO BE SERVED:

Name

___ Home ___ Work ___ Other

Service Address

City State Zip Code

___ Home ___ Work ___ Cell ___ Other

Telephone Number (include area code)

OFFICER SAFETY INFORMATION (aggressive pets/weapons/attitude, etc.)

ADDITIONAL NOTES (vehicle description/best time to serve, etc.):

****I acknowledge that the Spokane County Sheriff's Office only serves Monday through Friday, 8:00 AM to 5:00 PM, no weekends, no holidays and with no guarantee of service. I also understand I will be billed any additional fees incurred after the initial attempt of service.**

Printed Name

Signature

Dated: _____

Advance Fees:

Service	\$
Return	\$
Notary	\$
Mileage	\$
Total **	\$

ADDITIONAL PERSON(S) TO BE SERVED: Please use back side of this request form