



LARIMER COUNTY SHERIFF'S OFFICE
CIVIL PROCESS INFORMATION SHEET

Address must be complete / correct; post office box numbers are not adequate. Apartment, building and unit numbers are required.

Name of Person and/or Business being served: _____

Address: _____

City: _____ Zip Code _____

Telephone & Cell number: _____

Place of employment: _____

Alt. Address: _____

City: _____ Phone: _____

Work hours / days: _____ SSN: _____

Personal Information About the Person being Served

Sex: M / F Date of birth / age: _____

Height: _____ Weight: _____ Eye color: _____

- Hair color: brown, black, blond, red, gray
Length: buzz, short, shoulder, long
Hair style: straight, wavy, curly, bald
Features: glasses, unshaven, mustache, goatee, beard, piercings
Make up: heavy, natural, none

Skin tone: _____

Scars / Marks / Tattoos (describe): _____

Vehicle description / Lic plate: _____

Additional information: _____

Processing & mileage fees required at the time of request for service. Personal service is not guaranteed on eviction proceedings.

Your name: _____ Home phone: _____

Your home / mailing address: _____ Place of employment: _____

City / State / Zip: _____ Daytime phone: _____

Your signature acknowledges that you assume responsibility for and agree to pay any and all fees associated with the service and / or attempted serve of this civil process.

Signature: _____ Date: _____