

**SERVICE INSTRUCTION SHEET**

**Please Serve Papers Upon:**

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Area Code \_\_\_\_\_ - \_\_\_\_\_

Description of the person to be served: Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any other descriptive information: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Area Code \_\_\_\_\_ - \_\_\_\_\_

Vehicles: \_\_\_\_\_

Weapons/Animals: \_\_\_\_\_

**RETURN AFFIDAVIT and/or REFUND TO**

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Area Code \_\_\_\_\_ - \_\_\_\_\_