

A-1 BUDGET PROCESS Service Request Form

Office 661-833-9130

Fax 661-846-7681

ATTORNEY: _____

OR CONTACT: _____

PHONE NUMBER: _____

CASE NO. _____

CASE NAME: _____

Description of papers to be served:

PERSON TO SERVE: Fill out as much as possible

HOME ADDRESS : _____

CITY _____ STATE _____ ZIP _____

HOME PH: _____ BUS. PH. _____

EMPLOYER: _____

ADDRESS : _____

CITY: _____ STATE _____ ZIP _____

COMPLETE DESCRIPTION -ATTACH PHOTO IF AVAILABLE Male - Female

Race _____ Age _____ D.O.B _____ Height _____ Weight _____ Hair _____

Eyes _____ Other: _____

Describe Vehicle: _____

Other information which may be helpful:

Substitute or certified mailing service acceptable after last paid attempt?

YES or NO