

BENTON COUNTY SHERIFF – CIVIL DIVISION – SERVICE INFORMATION

PLEASE PRINT

DATE _____

HEARING DATE _____

COURT CAUSE NO _____

COURT _____

For Service on an Individual

NAME _____ SEX: M F DOB: _____

LAST

FIRST

MIDDLE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

WORK ADDRESS _____ WORK HOURS _____

POSSIBLE HAZARDS: (CIRCLE) GUNS KNIVES DOGS LOCKED GATES OFFICER SAFETY: _____

ANY OTHER IMPORTANT INFORMATION (VEHICLE, ETC) _____

For Service on Business

BUSINESS TO BE SERVED _____

NAME/TITLE OF PERSON TO BE SERVED ON BEHALF OF BUSINESS: _____

BUSINESS ADDRESS: _____

NUMBER OF ATTEMPTS OF SERVICE AUTHORIZED (PLEASE CIRCLE): 1 2 3 4 5 AS NEEDED

I UNDERSTAND THAT THE FEES COLLECTED MAY NOT COVER THE COST OF SERVICE & MILEAGE, THAT I MAY BE BILLED IF THERE IS A BALANCE OWING. THE BALANCE DUE MUST BE PAID UPON RECEIPT OF INVOICE. I FURTHER UNDERSTAND THAT ANY FEES PAID IN EXCESS OF THE FEES ACTUALLY USED WILL BE REFUNDED TO ME AFTER THE RETURN TO COURT HAS BEEN MADE.

Signature	DOB	Phone #
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PRINT YOUR NAME & ADDRESS BELOW:

First	Middle	Last
Street	City & State	Zip

MAILING ADDRESS IF DIFFERENT FROM ABOVE: PO BOX? Please list complete mailing address, including city, state & zip

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