CIVIL PROCESS INTAKE FORM

Larimer County Sheriff's Office – Civil Process Unit
2501 Midpoint Drive, Fort Collins, CO 80525
OFFICE: 970-498-5155 / FAX: 970-482-8745
EMAIL: sheriff-civilprocess@larimer.gov

ADDRESS FOR SERVICE MUST BE IN LARIMER COUNTY
Please complete to the best of your knowledge and leave blank anything you do not know.
PLEASE PRINT CLEARLY

PERSON/BUSINESS TO BE SERVED

Name:_____

If serving a business, registered agent's name:_____

Address:_____ Apt #:_____ City:_____ Zip:_____

*Is a door code or other access needed at this address? Please provide:*_____

Phone:_____ Date of Birth:_____ Approx. Age:_____ Sex:_____

Hair Color:_____ Eye Color:_____ Height:_____ Weight:_____

Employer:_____ Work Phone:_____Work Hours:_____

Vehicle:_____ Color:_____ License Plate:_____

Additional Information (Warrants/Arrests? Avoiding? Dog on Property? Etc.)_____

_____

_____

YOUR INFORMATION - ***REQUIRED*** *(This information will not be shared with the servee.)*

Name/Business Name:_____

Address:_____ Apt #:_____ City:_____ Zip:_____

Phone:_____ Email:_____ Date of Birth:_____

Service and mileage fee are due at the time of request. Your signature acknowledges that you assume responsibility for and agree to pay any and all fees associated with the service and/or attempted service requested.

SIGNATURE:_____DATE:_____

FOR OFFICE USE: Payment Type:____ CK/CC #:_____ Amount:_____