



**LARIMER COUNTY SHERIFF'S OFFICE
CIVIL PROCESS INFORMATION SHEET**

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

Serve to: _____

Address: _____

City: _____ Zip Code: _____

Telephone/Cell number: _____

Place of employment: _____

Address: _____

Zip Code: _____ Phone: _____

Work hours/days/info: _____

Personal Information About the Person being Served

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

Height: _____ Weight: _____ SSN: _____

<u>Hair color</u>	<u>Length</u>	<u>Hair style</u>	<u>Features</u>	<u>Eye Color</u>
<input type="checkbox"/> brown	<input type="checkbox"/> buzz	<input type="checkbox"/> straight	<input type="checkbox"/> glasses	<input type="checkbox"/> brown
<input type="checkbox"/> black	<input type="checkbox"/> short	<input type="checkbox"/> wavy	<input type="checkbox"/> unshaven	<input type="checkbox"/> black
<input type="checkbox"/> blond	<input type="checkbox"/> shoulder	<input type="checkbox"/> curly	<input type="checkbox"/> mustache	<input type="checkbox"/> blue
<input type="checkbox"/> red	<input type="checkbox"/> long	<input type="checkbox"/> bald	<input type="checkbox"/> goatee	<input type="checkbox"/> green
<input type="checkbox"/> gray	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> beard	<input type="checkbox"/> hazel
<input type="checkbox"/> _____			<input type="checkbox"/> piercings	<input type="checkbox"/> _____

Scars/Marks/Tattoos (describe): _____

Vehicle description/Lic plate: _____

Additional information (warrants, avoiding etc): _____

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

Your name: _____ Email: _____

Mailing address: _____ Phone: _____

City / State / Zip: _____ Date of Birth: _____

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: _____