



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: _____ SSN: _____

Personal Information About the Person being Served

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

Height: _____ Weight: _____ Eye color: _____

Hair color

brown

black

blond

red

gray

Length

buzz

short

shoulder

long

Hair style

straight

wavy

curly

bald

Features

glasses

unshaven

mustache

goatee

beard

piercings

Scars / Marks / Tattoos (describe): _____

Vehicle description / Lic plate: _____

Additional information: _____

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: _____ Place of Employment: _____

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: _____