

**LOGAN COUNTY SHERIFF'S OFFICE
CIVIL PROCESS INFORMATION FORM**

*List any of the following information you have on the defendant, if unknown leave space blank.

*Address for service **MUST** be in Logan County. Please print clearly and use a separate form for each person to be served.

PERSON TO BE SERVED _____

HOME ADDRESS _____ CITY _____ ZIP _____

BEST TIME TO SERVE _____

TELEPHONE NUMBERS (H) _____ (W) _____ (C) _____

WORK ADDRESS _____ CITY _____ ZIP _____

COMPANY NAME _____

WORK HOURS (BEST TIME TO SERVE) _____

ALTERNATE ADDRESS (friend, family, or job site) _____

RACE _____ M F DATE OF BIRTH OR APPROX. AGE _____

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

BEARD? _____ MUSTACHE? _____

TYPE OF VEHICLE _____ LICENSE PLATE NUMBER _____

COLOR _____ YEAR _____

ADDITIONAL INFORMATION OR SPECIAL INSTRUCTIONS FOR SERVICE OF PROCESS:

YOUR NAME FOR RETURN OF SERVICE _____

(IF THE NAME ABOVE IS A COMPANY, LIST A CONTACT NAME) _____

YOUR ADDRESS FOR RETURN _____

YOUR CITY _____ STATE _____ ZIP _____

YOUR TELEPHONE NUMBERS (H) _____ (W) _____ (C) _____

ALL RETURN OF SERVICE WILL BE DONE BY MAIL.