

MILE HIGH NOTARY & PROFESSIONAL ADMINISTRATIVE SERVICES

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PROCESS OF SERVICE REQUEST FORM

CLIENT INFORMATION

Name: _____

Date: _____

Address: _____

Court: _____

City, State, Zip: _____

Case No: _____

Telephone: _____

Case Title: _____

Ext./Direct Line: _____

Your Fax No.: _____

Attention: _____

Attempt to Serve at: ☐Residence ☐Business ☐Other

E-Mail: _____

Last Day to Serve: _____

If other where: _____

Documents: _____

☐ Personal Service ☐ Substituted, Constructive, or Alternative Service ☐ Registered Agent Service

☐ Additional Instructions: _____

SUBJECT INFORMATION

Subject's Name: _____

Subject's Phone Number: _____ Home _____ Work _____ Cell _____

Description: Age: _____ Height: _____ Weight: _____ Race: _____ Sex: _____ Hair: _____

Subject's Vehicle: Make: _____ Model: _____ Color: _____

Residence Address: _____

Business Address: _____

Best Time to attempt Service: _____ Work Hours: _____

Previously has there been any attempt to serve this individual ☐ Yes ☐ No If yes explain why not severed

Client's Comments:

Please fax or email completed form (See Above)

Please send over all documents you would like served with this form.