Print Form

Delta County Sheriff's Office Civil Division
PO Box 172 – Delta, CO 81416
970-874-2011
Request for Service of Process

INFORMATION FROM PERSON REQUESTING SERVICE

NAME of party requesting the service: _____ DOB _____

If a business – contact name _____

(businesses – do not complete this form if submitting an instruction letter on agency letterhead)

Mailing address is required

Mailing address of requester: Street or PO Box _____

City/State/Zip code_____

Telephone number(s): home_____ cell _____

You will notified by mail when service has been completed.

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INFORMATION FOR SERVICE REQUEST

Please note – WE ONLY SERVE PROCESS IN DELTA COUNTY. If process is for service is in another county – STOP – do not complete request.

Name of party to be served:

_____
(include any alias/maiden names)

DOB: _____
(or approximate age)

Street address is required (PO Box not accepted)

_____

City: _____

Home phone: _____

Cell phone:_____

Work phone: _____

Place of employment & hours: _____

_____

Description of vehicles, home, etc. _____

_____

_____

Best time and/or place to serve: _____

_____

Additional parties to be served:

_____
(include any alias/maiden names)

DOB: _____
(or approximate age)

Street address is required (PO Box not accepted)

_____

City:_____

Home phone: _____

Cell phone:_____

Work phone:_____

Place of employment & hours: _____

_____

Description of vehicles, home, etc._____

_____

_____

Best time and/or place to serve: _____

_____

Note: ***mileage fee is in addition to our service fee and is charged on a daily attempt basis. We will attempt three times prior to returning process and you will be charged mileage for each daily service attempt. If service is not made, a Non-found fee will be applied and any overage of fees paid will be refunded back to you.***

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Payment for service is due at time of request. Make checks payable to:

Delta County Sheriff's Office