



LINCOLN COUNTY SHERIFF'S OFFICE
CIVIL DIVISION
SERVICE REQUEST INFORMATION

PLEASE WRITE OR PRINT LEGIBLY

PERSON TO BE SERVED

Name(s): _____

Home (street) address: _____

Apt/Floor/Unit _____ Is the house/trailer/apt clearly numbered? _____

City/Town: _____ Color of residence: _____

Directions to location (include landmarks): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Time of day/evening person will most likely be home: _____

Vehicle(s): _____

Any animals known to bite/attack? _____

Does the person own any firearms or weapons? If so, where are they kept? _____

Name and address of employer: _____

Work Schedule (circle days) **Sun Mon Tues Wed Th Fri Sat** Work Hours: _____

PHYSICAL DESCRIPTION (if known)

Date of Birth: _____ Social Security #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing marks/tattoos: _____

PERSON REQUESTING SERVICE

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PAYMENT RECEIVED FOR SERVICES

Amount: _____ Date: _____

Paid by: [] Cash [] Check # _____ [] Money Order