

WINNEBAGO COUNTY SHERIFF'S OFFICE REQUEST FOR PAPER SERVICE

Did the court issue you a **WAIVER OF FEES**? YES NO
IF YES, A COPY OF THE WAIVER OF FEES MUST BE ATTACHED.

WHO IS BEING SERVED:

NAME OF PERSON TO BE SERVED: _____

ADDRESS: _____ APT. # _____

CITY, STATE, ZIP CODE: _____

HOME PHONE # _____ CELL PHONE # _____

SEX: _____ RACE: _____ DATE OF BIRTH ____/____/____

BEST TIME TO SERVE: _____

EMPLOYER NAME: _____ ADDRESS _____

EMPLOYER PHONE # _____ HOURS OF WORK: _____

TYPE OF VEHICLE: _____ VEHICLE COLOR/PLATES _____

ADDITIONAL INFORMATION FOR DEPUTY (DAILY ROUTINE...):

WHO IS REQUESTING THE SERVICE:

PERSON REQUESTING SERVICE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

****PAYMENT MUST BE MADE AT THE TIME OF REQUEST****

Check Money order debit/credit card

SIGNATURE _____ DATE _____