

DICTATION TO SHERIFF

DATE: _____

CASE #: _____

PLAINTIFF: _____ VS. DEFENDANT: _____

INDIVIDUAL(S) OR BUSINESS TO BE SERVED:

RESIDENCE:

EMPLOYER:

(Street address)

(Employer name)

(City, State, Zip Code)

(Employer address)

(Telephone number)

(Employer City, State, Zip Code)

ADDITIONAL INFORMATION:

(Plaintiff or Attorney's Name)

(Plaintiff or Attorney's Signature)

(Mailing address, include City, State, Zip Code)

(Telephone number)