



THURSTON COUNTY SHERIFF'S OFFICE

SERVICE OF DOCUMENTS INTAKE FORM

Please type or print clearly- complete the following information about the person(s) or company we are serving to the best of your knowledge. If we are serving a company or corporation, provide the name of the person to be served and their title (i.e. Owner, H.R. Manager, Corporate Officer, Resident Agent, etc.).

You should plan to allow **at least two weeks** for completion of service. We understand that your paperwork may have more urgency than that, but we **cannot** guarantee service or frequency of service attempts.

For Service on an INDIVIDUAL:

Name: _____

Home Address: _____

Work Address: _____

Contact Number(s): _____

For Service on a BUSINESS:

Name of Company: _____

Name and Title of Person to be Served: _____

Name of Registered agent (if a Corporation): _____

Address: _____

Contact Number(s): _____

Court Date (if applicable): _____

Best Day(s)/Time(s) for Service: _____

Possible Hazards/Officer Safety Information: _____

Additional Information to Assist with Service: _____

Your Contact Information:

Name or Business Name: _____

Mailing Address: _____

Contact Number: _____