



Eau Claire County Sheriff's Office
Assist to Serve Worksheet

This is who and where the Proof of Service is mailed to:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (Required): _____ Phone: _____

Address: _____

Email Address: _____

Person(s) to be served:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (Required): _____

Home Address: _____

Address where you want them served (if different):

Phone: _____

Description: Sex _____ Race _____ Hair _____ Eyes _____

Height: _____ Weight: _____

Employer: _____

Address: _____

Phone: _____

Shifts/hours: _____

Vehicle: Year _____ Make/Model _____ Color _____

Any other information that may assist in service (best times to serve, family contacts, etc.)

