

River City Process Service, Inc.  
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# PROCESS SERVICE REQUEST FORM

Requesting Party:

Case Number:

Hearing Date:

Contact Number:

Person to Serve:

Home Address:

Alternate Address:

Home Phone:

Cell Phone:

Work Phone:

Work Place Name & Address:

Additional Work Information (Work Hours, Position, On-site Work):

Description:  Male:  Female:

18-25  26-35  36-45  46-55  56-65  66-75  Over 75

White  Black  Hispanic  Asian  American Indian  Other

Hair:  Brown  Black  Blonde  Red  Gray/White  Blonde/Brown

Eyes:  Brown  Blue  Green  Black  Hazel  Glasses

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches      Weight: \_\_\_\_\_

Identifying Marks / Scars / Features:

Additional Info: Best Time to Attempt Service / Work Hours / Vehicle Info / Precautions