

# WHATCOM COUNTY SHERIFF'S OFFICE SERVICE REQUEST INTAKE INFORMATION SHEET

**PLEASE PRINT BILLING NAME AND MAILING ADDRESS INFORMATION BELOW:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Please note that the Return of Service will be mailed to the above address, unless otherwise directed. If the service paperwork is out of Whatcom County Superior or District Court, we will file the Return of Service on your behalf, if requested, and mail a photocopy of the original to the above address.*

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**PLEASE PRINT THE INFORMATION OF THE PEOPLE TO BE SERVED BELOW:**

*Provide all info, known by you, on each person at the time of request. If the person is in-custody, simply put WC JAIL on the HOME address line.*

**1<sup>ST</sup> PERSON:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

HOME Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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*If employed within Whatcom County, please list Employer's information below:*

EMPLOYER Name/Address \_\_\_\_\_

Phone \_\_\_\_\_ Work Days/Hrs \_\_\_\_\_

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**2<sup>nd</sup> PERSON:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

HOME Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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*If employed within Whatcom County, please list Employer's information below:*

EMPLOYER Name/Address \_\_\_\_\_

Phone \_\_\_\_\_ Work Days/Hrs \_\_\_\_\_

**SPECIAL INSTRUCTIONS and/or ADDITIONAL INFORMATION:**

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