



SOMERSET COUNTY SHERIFF'S OFFICE

DALE P. LANCASTER SHERIFF

Michael O. Mitchell Chief Deputy

SERVICE REQUEST FORM

WE ARE NOT PERMITTED TO GIVE LEGAL ADVICE

In order for us to attempt service, in accordance with Maine Revised Statute Title 14, Section 702, **we are requesting a retainer fee of \$70.00.** Any unearned portion of your retainer over \$1.00 will be refunded and fees and costs exceeding that amount will be billed to you. We do not accept personal checks. Please use cash or money order made payable to the "SOMERSET COUNTY TREASURER".

We need one "original" document and one "copy" for each person being served. Once service has been made, we will complete the Proof of Service on your Original(s) and mail them back to you.

PERSON TO BE SERVED

Name(s): _____

Street Address: _____

House / Apt. Building / Mobile Home (circle one) Apartment # _____ Floor# _____

Is the building numbered? Yes/No Is the apartment numbered? Yes/No

Color of Building? _____ Side of Street: Left / Right

Directions or landmarks to the location and entrance location: _____

Time of day or evening person will mostly be home: Days / Evenings / Other: _____

Home phone # _____ Cell phone # _____ Work # _____

Name & Address of Employer: _____

Work schedule: (circle work days) S M T W Th F S Work hours: _____

PHYSICAL DESCRIPTION

Birth date: _____ Height: _____ Weight: _____ Hair Color: _____

Vehicle Information: _____

Any dogs known to bite or be aggressive? Yes / No

Firearms on Premises? Yes / No If yes, where are they kept? _____

Is there anything else the deputy should know about the person being served? _____

PERSON/FIRM/BUSINESS REQUESTING SERVICE:

Name: _____

Address: _____

Home/Cell Phone # _____ Work # _____

131 EAST MADISON ROAD • MADISON, MAINE 04950 • (207) 474-9591