



Chaffee County Sheriff

641 W 3rd St.
P.O. Box 699
Salida, CO 81201

Civil Process Information Sheet

PERSON TO BE SERVED

Name: _____

Home Address: _____
Street City Zip Code

Telephone Number: Home: _____ Cell: _____

Best time to serve: (M-F, 6 AM— 7 PM, no week-end service) _____

Employer Name: _____ Phone: _____

Employer Address: _____

Work Hours: _____

Date of Birth _____ Or age: _____ Race: _____ Sex: M F

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Vehicle: _____ License Plate # _____

BUSINESS TO BE SERVED

For Business Service only:

Business Name to be served _____

Business Address: _____

Registered Agent: _____

YOUR INFORMATION FOR RETURN OF SERVICE

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone No: _____

Pursuant to Colorado Revised Statute (CRS 30-1-116 Officer shall collect fees in advance) The Sheriff's Office requires that all fees be paid in advance. Your signature acknowledges that you will pay all Sheriff's Fees associated with this civil process.

Signature _____

Date: _____