



## Process Server Information Form

Please complete the following form in its entirety and return it to our office upon completion.

Date: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Area Code Number Area Code Number

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
State Number

Vehicle Insurance Carrier: \_\_\_\_\_ Vehicle Information: \_\_\_\_\_  
Carrier Year Make Model

*The below physical description and date of birth information is used for producing a Process Server Identification card only.*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ DOB: \_\_\_\_\_  
Month Date Year

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