

Sagadahoc County Sheriff's Office  
**Civil Division**  
**Service Request Information Form**  
**PLEASE WRITE LEGIBLY**

**PERSON TO BE SERVED:**

Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Home (street) address: \_\_\_\_\_

Are they expecting this paperwork? YES NO (Circle One)

House/Apt. Floor/Mobile Home/Unit/Number: \_\_\_\_\_ Color: \_\_\_\_\_  
(Circle One) (Enter #)

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

Time and Days/Evenings person is likely to be home \_\_\_\_\_  
(ex: M-F after 5pm or Sat Sun before 2pm)

Vehicle(s) \_\_\_\_\_  
(Color, Make, Model, Year or anything unique to identify)

Any animals known to bite/attack? \_\_\_\_\_

Are there weapons in the home? YES NO UNSURE (Circle One)

Name and address of Employer: \_\_\_\_\_  
Work Schedule (circle days) **SUN MON TUES WED TH FRI SAT** Work Hours: \_\_\_\_\_

**PERSON REQUESTING SERVICE:**

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

Mailing address: \_\_\_\_\_

Physical address (if different than above) \_\_\_\_\_

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

\*A Fee of **\$60.00** is required for Service. Payment by: Exact Cash, Check or Money Order  
Payable to: **Sagadahoc County Treasurer**