

## YAKIMA PROCESS SERVERS

PH/FX: (509) 424-5800

E-MAIL TO: Admin@YakimaProcessServers.com MAIL TO: 5808 Summitview, #A-174 Yakima, WA; 98908

## **SERVICE OF PROCESS ORDER FORM**

CLIENT FIRM OR AGENCY NAME	PHONE & FAX	PHYSICAL & E-MAIL ADDRESS
	PH:	E-MAIL:
CONTACT DEDCOM	FX:	DIVICIONI
CONTACT PERSON:	PREFERRED PAYMENT METHOD: Credit/Debit:	PHYSICAL:
1: 2:	Check:	
COURT AND CASE INFORMATION		
Court Name:		
CASE No: #	COUNTY:	
STATE: STA	ATE OR FEDERAL CASE: STATE	FEDERAL
IS SERVICE PROHIBITED ON SUNDAYS?: YES NO N/A		
DOCUMENTS:		
		<del>-</del>
SERVICE INFORMATION		
- FOR ADDITIONAL SUBJECTS BEYOND TWO AT THE SAME ADDRESS - COMPLETE AN ADDITIONAL FORM FOR EACH  SUBJECT NAME:  SUBJECT NAME:		
ADDRESS:		
PHONE:	E-MAIL:	
Male Female Age	E-MAIL: :: Height:	Weight: Hair:
KNOWN VEHICLES:		·
PLACE OF EMPLOYMENT:		HOURS:
ADDRESS (POE):		
REQUESTED DUE DATE	STATUTORY DEADLINE	HAZARD INFORMATION
REQUESTED DUE DATE:		
STATUTORY DEADLINE (if applicab		<del>-</del> 
DOES A KNOWN DANGER OR THRE	EAT EXIST: YES NO U	SE CAUTION
SERVICE AGREEMENT: I certify under penalty of perjury of the laws of the State of Washington that this order for service of process is based upon actual litigation or pending litigation, that I have read the Terms and Conditions as published on the Legal Notice page located on YakimaProcessServers.com and have reviewed the published fees on YakimaProcessServers.com, and that I agree to said. I further acknowledge that all commercial claims are subject to the provisions of RCW 19.16.250 (21), and that unpaid invoices may be subject to late fees, collection fees, and attorney fees if legal action is necessitated, and that unpaid claims may be reported and assigned to a collection agency or attorney, and I agree to pay the collection fees and attorney fees if I should default on my obligation. I further agree that applying my printed name to this document, constitutes the same authenticity as a pen to paper signature.		
DATE:/	NAME:	