



ONONDAGA COUNTY SHERIFF'S OFFICE CIVIL DEPARTMENT

Personal Service Information Form

Please complete the information on this form to help ensure the quick and efficient service of the papers.

PERSON YOU WOULD LIKE SERVED:

Name: _____
Street Address: _____ Apt. # _____
City / Zip code: _____
Cell Phone: _____
Home Phone: _____
Hours the person is usually home: _____
Other adults living there: _____
Places known to frequent: _____
Vehicle Description: _____
License Plate Number: _____

EMPLOYER INFORMATION:

Employer: _____
Street Address: _____
City/ Zip code: _____
Phone Number: _____
Hours the person works: _____

PHYSICAL DESCRIPTION: M / F Age _____ Date of Birth _____ Height _____
Weight _____ Hair _____ Eyes _____ Facial Hair: _____ Glasses: Y / N
Race: _____ Scars/Marks/Tattoos: _____

Police caution advised? Y / N If so; why? _____

YOUR INFORMATION:

Name: _____ **DOB** _____
Street Address: _____
City / Zip code: _____
Phone Numbers: **Cell** _____ **Home** _____ **Work** _____
***Email (required for evictions) _____