



PROCESS SERVICE LLC

P.O. Box 98923
Des Moines WA
Phone: 206.418.6200 Fax: 206.219. 3683

Service Request form

Current Date

**Please complete and fax to: 206.219.3683
or e-mail to: info@EclipseProcessService.com**

Company Name: _____ Ph #: _____

Requested by: _____ Fax #: _____

Address: _____

Email: _____

TYPE OF SERVICES REQUESTED Court: _____ Case#: _____

PROCESS SERVICE **Routine** **Expedited** **Rush** **Priority (next day)** **Emergency (same day)**

Additional service instructions: _____ +

Documents to be served or filed: _____ +

COURT FILING instructions: _____ +

COURT RESEARCH instructions: _____ +

Special instructions: _____ +

DEFENDANT ADDRESS (PARTY TO BE SERVED) **ALTERNATIVE ADDRESS**

Name: _____ Business: _____ +

Address: _____ Address: _____

City & Zip: _____ City & Zip: _____ +

Ph#: _____ Ph#: _____

Additional info: _____ Additional info: _____

_____ +

Defendant Description

DOB: _____ SSN: _____ DL: _____ Marital Status: (S) (M) (D)

Physical Description: Ht: _____ Wt: _____ Hair: _____ Eyes: _____ M/F: _____ Race: _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____ Lic#: _____

Other/ Misc. Information _____

* Call Eclipse to verify service availability for Same Day and Specific Date of Service before submitting form.

Submit Form