



## SERVICE REQUEST

Olmsted County Sheriff's Office  
Civil Division  
101 4<sup>th</sup> Street SE  
Rochester, MN 55904  
(507) 328-6820

All service requests must be mailed or hand-delivered and include the following:

- ✓ Completed Service Request form
- ✓ Prepayment of service fee(s) – cash or check payable to Olmsted County Sheriff's Office
- ✓ Service Documents – must provide a copy for each individual listed to be served and 1 additional copy for the Olmsted County Sheriff's Office.

COURT DATE: \_\_\_\_\_

INDIVIDUAL TO BE SERVED:

SERVE BY DATE: \_\_\_\_\_

SERVE: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

SERVE: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ APT/UNIT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ADDITIONAL SERVICE INFORMATION: \_\_\_\_\_

DOCUMENTS TO BE SERVED (please list each document title to be listed on Certificate):

- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_

### REQUESTOR'S INFORMATION

e-File Certificate with District Court and send copy to Requestor by:  Mail  Email

Do not e-File Certificate and return Certificate to Requestor by:  Mail  Email

REQUESTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/UNIT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_