

SHERIFF'S DEPARTMENT ORDER FOR SERVICE
SHERIFF OF WASHINGTON COUNTY
100 WEST BEAU STREET SUITE 303
WASHINGTON, PA 15301
(724) 228-6840
FAX: (724) 223-4719

ALL INFORMATION FROM THE ATTORNEY MUST BE
FILLED IN BEFORE SERVICE CAN BE MADE.

PLAINTIFF

PLEASE PREPARE A SEPARATE FORM FOR EACH
DEFENDANT TO BE SERVED.

VS

CASE NO. _____

TYPE OF WRIT OR COMPLAINT:

DEFENDANT

LAST DAY TO SERVE: _____

TO THE SHERIFF OF WASHINGTON COUNTY, PA: YOU ARE HEREBY REQUESTED TO MAKE SERVICE UPON
THE FOLLOWING PARTY BY:

_____ CERTIFIED MAIL

SPECIAL INSTRUCTIONS: i.e. levy, seizure

_____ PERSONAL /PERSON IN CHARGE

_____ DEPUTIZED

_____ POST

_____ OTHER (USE SPECIAL INSTRUCTIONS)

PLEASE SERVE THE ABOVE DOCUMENT(S) UPON:

DEFENDANT NAME

LOCATION MUST HAVE STREET ADDRESS

ATTORNEY NAME & ADDRESS

TELEPHONE: _____

SIGNATURE: _____