

Date: _____

Isanti County Sheriff's Office
509 18th Avenue SW
Cambridge, MN 55008

ATTN: Civil Process

I am requesting the Isanti County Sheriff's Office to serve the attached:

Type/Title of Papers

Name: _____
Last, First, Middle

Date of Birth: _____

Address: _____

Special Instruction: _____

I have enclosed a deposit to cover service and attempts requested.

Service Charge: \$40.00 per person
Mileage: .51/mile round trip from Sheriff's Office

Full Name: _____ Date of Birth _____
Last, First, Middle

Address: _____

City: _____

State: _____ Zip: _____

Telephone: Home: _____

Cell: _____

Work: _____

Signature

Date