

Superior Process Services, Inc.

Amount Quoted for Service: _____

Your Info:

Full Name _____

Phone _____

Email _____

Home Address (No PO Box) _____

Defendant Info:

Full Name _____

Physical Description (Attach Photo if you have one)

Please Note approx. Weight & Height, Facial Hair, Distinguishing Tattoos, Glasses, etc..

Vehicle Description _____

Place of Residence _____

Place of Employment _____

Additional Info that may help us locate defendant

Where would you prefer to have papers served?

Place of Residence ____ Place of Employment ____ Other ____

If Other please describe _____

NOTE: Please call 480.429.6886 twenty minutes after you Fax this document for confirmation of receipt.

