



Attn: Civil Division
775 West Silver Street
Elko, NV 89801
775.777.2548

CIVIL SERVICE REQUESTED

Date: _____

Paid: Cash Credit Debit Check _____

Amount Paid: _____

Fee Waiver: Yes (Please Attach) No

Process #: _____

☐

\$20.00 mileage fee if outside of city limit

FEE SCHEDULE : See Reverse

INSTRUCTIONS FOR SERVICE: PLEASE FILL OUT COMPLETELY

TYPE OF SERVICE REQUESTED:

☐ Landlord Notices \$26

☐ Summons & Complaint \$17

☐ Subpoena \$15

☐ Affidavit (Small Claims) \$15

☐ Order/Motion \$15

☐ Writ of Execution \$17

☐ Other: See Fee Schedule

NAME OF PERSON BEING SERVED:

Name:

Last

First

Middle Initial

Phone: _____

☐

Male

Date of Birth: _____

☐

Female

Street: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Street: _____

Work hours: _____

City: _____ State: _____ Zip: _____

SPECIAL INSTRUCTIONS

SEND PROOF OF SERVICE TO:

Name:

Last or Business Name

First

Middle Initial

Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____