



Attn: Civil Division  
775 West Silver Street  
Elko, NV 89801  
775.777.2516

## CIVIL SERVICE REQUESTED

Official Use Only  
Paid: \_\_\_\_\_  
Mileage: \_\_\_\_\_  
Total: \_\_\_\_\_  
Fee Waiver: \_\_\_\_\_

### INSTRUCTIONS FOR SERVICE: PLEASE FILL OUT COMPLETELY

#### TYPE OF SERVICE REQUESTED:

- ☐ Landlord Notices \$26      ☐ Summons & Complaint \$17  
☐ Affidavit (Small Claims) \$15      ☐ Eviction Order/Motion \$15      ☐ Subpoena \$15  
☐ Other: \_\_\_\_\_      \*All subject to mileage fee

#### 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: \_\_\_\_\_