



Attn: Civil Division  
775 West Silver Street  
Elko, NV 89801  
775.777.2548  
775.777.2518

## CIVIL SERVICE REQUESTED

Official Use Only

Amt.: \_\_\_\_\_ Date: \_\_\_\_\_

Mileage: \_\_\_\_\_ Method: \_\_\_\_\_

Total PD: \_\_\_\_\_

Fee Waiver: \_\_\_\_\_

### INSTRUCTIONS FOR SERVICE: PLEASE FILL OUT COMPLETELY

#### TYPE OF SERVICE REQUESTED:

Landlord Notices \$26/\$20/\$17/\$15

Summons & Complaint \$17

Affidavit (Small Claims) \$15

Eviction Order/Motion \$15

Subpoena \$15 (Witness Fee \$25)

Other: \_\_\_\_\_

**\*Civil service subject to \$20 mileage fee if outside city limits**

#### NAME OF PERSON BEING SERVED:

Name:

\_\_\_\_\_ *Last*

\_\_\_\_\_ *First, Middle Initial*

\_\_\_\_\_ *Phone Number:*

Male  Female

Street: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Employer Name:

\_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SEND PROOF OF SERVICE TO:

Name:

\_\_\_\_\_ *Last or Business Name*

\_\_\_\_\_ *First, Middle Initial*

Date of Birth: \_\_\_\_\_

Mailing Address:

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_