

**TEHAMA COUNTY SHERIFF'S OFFICE  
P.O. BOX 729  
RED BLUFF, CA 96080  
(530) 529-7930  
INSTRUCTIONS TO SHERIFF**

Case # \_\_\_\_\_

Plaintiff \_\_\_\_\_ -vs.- Defendant \_\_\_\_\_

**PERSON OR ENTITY TO BE SERVED**

Name of Person or Entity to be Served \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

Vehicle Description \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Facial Hair \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Scars/Marks/Tattoos \_\_\_\_\_

DL & State of Issue \_\_\_\_\_ Best Time to Serve \_\_\_\_\_

Move Out Order? \_\_\_\_\_ Child Pick Up Order? \_\_\_\_\_ Firearms? \_\_\_\_\_ Combative? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**REQUESTOR**

Name of Requestor \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_