DePalma Process, LLC /Request for Service

Please print this form and complete thoroughly. *Include with documents to be served and payment*. Make checks payable to ***DEPALMA PROCESS, LLC.***
We recommend you retain a copy of this completed form for your reference.
Mail Service to: 3554 Bali Dr. Sarasota, FL 34232-5506

REQUEST DATE: / /20 □ *ROUTINE SERVICE*
□ ***RUSH SERVICE*** DEADLINE DATE: /

REQUESTING FIRM:	CONTACT NAME:
MAILING ADDRESS: CITY, ST : ZIP+4:	PHONE: ( ) EXT. FAX: ( ) ALTERNATE: ( )
*EMAIL : ***(Required for timely status & notification of service)***	PREPAYMENT ENCLOSED√ CHECK #

In order to get your documents served in a timely fashion, we need as much information as possible on the subject(s) we are serving.

For Service Upon:	**Type of Writ:** Depo/Hearing date: / /20 @ : a/pm
Primary service address: □ residence □business □ verified by client	*Alternate service address: □ residence □business □ other: **additional fee will be incurred for 2nd address*
PHONE #(S) h ( ) w ( ) c ( ) □DO NOT CONTACT SUBJECT BY PHONE!	**ADDITIONAL INFO (vehicle; physical description ;POE etc.) / SPECIAL INSTRUCTIONS:**
□***IN HAND SERVICE ONLY-NO SUBSTITUTE SERVICE ALLOWED.** ***additional fee for "IN-HAND Only"***	□ POSTING ALLOWED AT RESIDENCE AFTER_____ATTEMPT(S). ***CLIENT RESPONSIBLE FOR MAILING***

♦ *Copies of Returns/Invoices will be available online once the job is completed.* A Username & Password will be assigned via email. Originals will filed with the appropriate Clerk (Florida Only) unless otherwise instructed by your office.♦

□**NOTARIZED AFFIDAVIT REQUESTED**-Florida does not require a Notary on Verified Returns of Service. If Notary service is required, please allow an additional day for processing your Affidavit.

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