

Service Request Form

Please complete as much information as possible and fax these forms to 617-622-1521 or you may scan and email them to merrill@attorneysupportgroup.us I will receive notification of your fax or email via my Blackberry and will contact you shortly. Please have the original and one copy of each document ready. In addition to any and all witness fees that are to be paid upon service. If you have any questions, call me

Today's Date _____/_____/_____

Type of Service Requested

- Process Service Filing Mobile Notary Service
- Notice to Quit Immediate Document Delivery

Last Date of Service _____/_____/_____

Number of Documents _____

Document Description _____

Contact Information

Are you an attorney? Yes No

Firm _____ Atty. or Name _____

Contact Name _____ Telephone # _____

Address _____ City _____ Zip _____

*Email _____ Fax _____ Cell _____

*Your email address is required to keep you up to date on every service attempt.

Comments/Special Instructions:

Individual or Entity to be Served/Delivered

Person or Entity # _____ Individual or Entity Name _____

If an entity then the name of person to be served _____

Nickname of individual _____

Identifying Marks (scars/tattoos/marks) _____

1st Address: Business Residence (circle one)

Name _____

Address _____

City/Town _____ State _____ Zip _____

Best Time to Serve _____

Phone Number _____

2nd Address: Business Residence (circle one)

Name _____

Address _____

City/Town _____ State _____ Zip _____

Best Time to Serve _____

Phone Number _____

Comments:

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2nd Address: Business Residence (circle one)

Name _____

Address _____

City/Town _____ State _____ Zip _____

Best Time to Serve _____

Phone Number _____

Comments: