

VEGAS PRO-SERV LLC

P. O. BOX 751796 LAS VEGAS, NV 89131-1796
Phone: (702) 294-7378; Fax: (702) 253-6620

New Service Request

VPS Customer Info:

Date: _____ Your Name/Firm Name _____

Contact Name: _____ Phone: _____ Fax: _____

Address: _____ email: _____

Billing Address (if different): _____

Paying by: Cash Credit Card** Check*** Bill VPS Account# _____

**Please complete Credit Card Authorization Form and remit.

***Fax copy of check required. Mail check to P. O. Box 751796, Las Vegas, NV 89131-1796

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Service Information:

Documents: S&C Subpoena Witness Fee \$ _____ Petition/Order Small Claims

Other: _____

Handling (must specify, if not will be coded routine): Routine (7 day window) 48 Hours 24 Hour

Who are we serving?: Individual Company Resident Agent Custodian of Records

Name: _____

Home Phone: _____ Cell Ph.: _____

Employer _____ Work Ph.: _____

Address (1) _____ Res. Work

Address (2) _____ Res. Work

DOB _____ ss# _____ SEX: M F Ht./Wt. _____/_____ Race _____

Hair: _____ Eyes _____ Vehicle _____ Mic. Info: _____

TO BE COMPLETED BY VEGAS PRO SERV

Date Received _____ Time _____ Input by _____ Date Assigned _____ PS# _____

Personal OK to Sub Serve Other _____

Hearing Date/Time _____/_____ am/pm Last Day to Serve: _____ Update needed by: _____

Served Upon: _____

At _____ X _____

Date _____ Time _____ am/pm Served by _____ Field Notes: _____

