

Bonneville County Sheriff's Office • Civil Processing • 605 N. Capital Ave • Idaho Falls, ID 83402

VS

\_\_\_\_\_  
(Your Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Your Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Your City, ST, Zip)

\_\_\_\_\_  
(City, ST, Zip)

\_\_\_\_\_  
(Your Phone Number)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)

Dear Sheriff:

Please serve the attached documents to the above named individual(s) on case # \_\_\_\_\_

Small Claims  
(Summons, Claim & Order for Mediation)

*Additional information that may help us to locate the individual(s) such as place of employment, best time for service, phone numbers, etc.*

Summons & Complaint

Other \_\_\_\_\_

Notice \_\_\_\_\_

Other \_\_\_\_\_

Please send the return of service to:

me at the address listed above or

other (name & complete address)

Cordially,

\_\_\_\_\_  
Sign & Print Name of person delivering this document to the Sheriff.

**Office Use Only**

SERVED UPON \_\_\_\_\_

BY LEAVING WITH \_\_\_\_\_

AT \_\_\_\_\_

DATE & TIME \_\_\_\_\_

OFFICER \_\_\_\_\_

**Service Attempts**

Date	Time	Deputy	Comments:
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Personal Service     Substitute Service