

WEST COAST LEGAL SERVICES,
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SERVICE OF PROCESS
Fax Order Form

YOUR INFORMATION

Date: _____
Person Ordering Service: _____
Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Method of Payment: _____ Credit Card _____ Check Number _____
Credit card #: _____ CVV: _____ Exp: _____
Name on Card: _____

SERVICE INFORMATION

_____ **RUSH** (24 hr. Extra Fee) _____ **STANDARD** (Attempt in 72 hrs.)
Case Number: _____ Your Ref # (if any): _____
Court Name: _____
Case Name: _____
Last Day to serve: _____
Person to serve: _____
Documents to be served: _____

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Residence Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Physical Description (If available): _____
Special Instructions: _____