

WEST COAST LEGAL SERVICES

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SERVICE OF PROCESS

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: _____