

OFFICE OF THE SHERIFF

ERIE COUNTY, PENNSYLVANIA
140 WEST SIXTH STREET • ERIE, PENNSYLVANIA 16501
814/451-6254 FAX 814/451-6323

ERIE COUNTY SHERIFF'S SERVICE
PROCESS RECORD

Please type or print legibly.

PLAINTIFF	TERM AND NO.
DEFENDANT	TYPE OF WRIT

SERVE
→
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ESS (Street or rd, apartment No., City, State and Zip Code)

SEND NOTICE OF SERVICE COPY TO NAME AND ADDRESS BELOW

SHOW number of this writ and total number of writs submitted. i.e., 1 of 1, 1 of 3, etc.

No.	Total
	of

Check if applicable:

Serve Secretary of Commonwealth

Deputized Service

Publication

Special instructions required for all of the above

SHOW IN THIS SPACE BELOW ANY SPECIAL INSTRUCTIONS OR OTHER INFORMATION PERTINENT TO SERVING THE WRIT DESCRIBED ABOVE

NAME AND SIGNATURE OF ATTORNEY OR OTHER ORIGINATOR	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF SHERIFF ONLY - DO NOT WRITE BELOW THIS LINE

Show amount of prepared fees and sign →	DEPOSIT	DISTRICT TO SERVE
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I acknowledge receipt for the total number of writs indicated and for the deposit (if applicable) shown.	SIGNATURE OF AUTHORIZED DEPUTY OR CLERK	DATE
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OVERTIME AUTHORIZATION	DEPUTY	DATE AND TIME	AUTHORIZING ATTORNEY
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I hereby certify and return that I have personally served, have legal evidence of service, or have executed as shown in "REMARKS," the writ described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., at the address inserted below.

I hereby certify and return that, after diligent investigation, I am unable to locate the individual, company, corporation, etc., named above within the bailiwick of Erie County, Pennsylvania.

NAME AND TITLE OF INDIVIDUAL SERVED (If not shown above)	<input type="checkbox"/> A person of suitable age then abiding in the defendant's usual place of abode.
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ADDRESS (Complete only if different than shown above)	FEE (If applicable)	MILEAGE
	\$	\$

DATE(S) OF ENDEAVOR (Use remarks if necessary)	DATE OF SERVICE	TIME	AM PM	SIGNATURE OF SHERIFF OR DEPUTY
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REMARKS