



Broomfield Police Department

7 DesCombes Drive, Broomfield, CO 80020 303-438-6480

Information For Service

1. A physical address for service that is within the City & County of Broomfield is required.
2. All fees will be paid in advance, in accordance with 30-1-116 C.R.S. Process may be returned after 3 unsuccessful service attempts. If service is not affected, a portion of the service fee may be refunded.
3. Complete the following information: **Please Print Clearly**

Name of Person to be Served: _____ (Required)

Address: _____, Broomfield, CO _____ (Required)

DOB: _____ Age: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Employer Name/Address: _____

Cell Phone: _____ Alternate Phone: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate: _____

Other (i.e. beard, glasses, balding, tattoos, other visible info; hostile, weapons; day/time available, etc.):

If this is a protection order, do you wish to be notified by phone once the order has been served?

Yes No Phone number to contact you: _____

Your Name: _____ (Required)

Return Address: _____ (Required)

City: _____ State: _____ ZIP: _____ Phone: _____ (Required)

Email: _____ Please send a copy of the return to my email

I understand that the Officer will attempt to effect service based on the information provided. All process served by the Broomfield Police Department is done in accordance with the applicable Colorado Court Rules.

Signature: _____ Date: _____