



Broomfield Police Department

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

INFORMATION FOR SERVICE

1. YOU MUST HAVE A PHYSICAL ADDRESS FOR SERVICE THAT IS IN THE CITY & COUNTY OF BROOMFIELD.
2. ALL FEES WILL BE PAID IN ADVANCE, IN ACCORDANCE WITH 30-1-116 C.R.S. Fees quoted are per person/per service, NOT per location or attempt. If service is not affected, a portion of the service fee will be refunded to you. Process may be returned after 3 unsuccessful service attempts.
3. Complete the following information: **PLEASE PRINT CLEARLY**

NAME OF PARTIES TO BE SERVED: _____

DOB: _____ AGE: _____ SEX: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

HOME ADDRESS: _____

EMPLOYER NAME & ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

VEHICLE MAKE: _____ MODEL: _____ COLOR: _____ YEAR: _____ PLATE # _____

Distinguishing Marks / other information:

(i.e. beard, mustache, missing teeth, balding, cleft chin, earrings, glasses, bushy eyebrows, any scars, marks, tattoos, body piercing, or any other distinguishing marks)

*If this is a temporary or permanent restraining order, do you wish to be notified by phone once the order has been served? Yes _____ No _____

Phone number to contact you: _____

YOUR NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ WORK PHONE: _____

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: _____