

Tri-City Process Servers

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Process Request Form

Firm:	Date:	Special Instructions
Phone:	Case Number:	<input type="checkbox"/> Regular Service
Fax:	Case Title:	<input type="checkbox"/> Rush 24Hrs
E-mail:	Document:	Please Make First Attempt At:
		<input type="checkbox"/> Residence
		<input type="checkbox"/> Business

Attorney File No.

Last Date To Serve:

SERVE

(Please indicate name exactly as it should appear on Proof of Service)

Residence Address:	Business Address:

Additional Information:

Reports: (TCPS – Office Use Only)

Personal Service
Date Served:

Substituted Service
AM PM Process Server:

Not Served

“WE SERVE YOU BETTER!”