

Pickup
Date/Time

RUSH _____ Routine _____

RUSH PROCESS SERVICE INC.

Phone (503) 232-3667 ~ Fax (503) 232-4309
2014 N.E. Sandy Blvd., Suite 204, Portland, OR 97232
contact@rushprocessservice.com

Phone: Person(s) To Serve:

Contact/Email: Business To Serve:

Firm: Address:

Address: City, State, Zip:

City, State, Zip: Hearing Date:

Case Number: **LAST DAY FOR SERVICE:**

Your File #:

Documents to be Served:

Proof of Service Instructions

File Original Proof and Email Copy
Client will file Proof (email copy)
Original Summons Enclosed
Substitute Mailing Copy Enclosed

Confirmation of Service Instructions

Confirm Service via Phone call
Confirm Service via E-mail to:

Special Instructions/Additional Information:

Use Area Below for **DELIVERIES ONLY. (NO PROOF OF SERVICE REQUIRED)**

Deliver To:

Urgency of Delivery

Business Name:

Super Rush

Address:

Rush (1Hour)

City/State:

Routine (3 Hour)

End of Business Day