

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: _____

Business Name: _____

Address: _____

City/State: _____

Urgency of Delivery

Super Rush
Rush (1Hour)
Routine (3 Hour)
End of Business Day