

LEBANON COUNTY SHERIFF'S OFFICE
 400 South Eighth Street
 Lebanon, Pennsylvania 17042
 Telephone (717) 228-4410 Fax Number (717) 279-8398

ORDER FOR SERVICE REQUEST – TO BE COMPLETED BY REQUESTING ATTORNEY.

1. All information from the attorney must be filled-in before service can be made. 2. When completing location for service, be certain to have a valid address or directions. DO NOT use P.O. Boxes or R.D.'s ADDRESSES ONLY. Provide the Township, if applicable. If available, please also provide a phone number or place of employment. 3. When a Deputy Sheriff levy's or attaches property, he or she will leave the property without a watchman and in custody of whomever is found in possession, after notifying the person the property is under a Sheriff's Levy. The Sheriff or Deputy is not liable in any way for protecting property. 4. Service will be executed in accordance with Rule 402 and Title 231, Pennsylvania Rules of Civil Procedure. 5. The attorney must certify all copies of process. 6. Supply a self-addressed stamped envelope for return of service.		
1. PLAINTIFF(s):	2. COURT NUMBER:	DATE FILED:
3. DEFENDANT(s):	4. TYPE OF WRIT OR COMPLAINT:	
SERVICE 1	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED:	
	ADDRESS (Street, Apartment No., City, Borough, Township, State and Zip Code):	
SERVICE 2	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED:	
	ADDRESS (Street, Apartment No., City, Borough, Township, State and Zip Code):	
SERVICE 3	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED:	
	ADDRESS (Street, Apartment No., City, Borough, Township, State and Zip Code):	
SERVICE 4	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED:	
	ADDRESS (Street, Apartment No., City, Borough, Township, State and Zip Code):	
SERVICE 5	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED:	
	ADDRESS (Street, Apartment No., City, Borough, Township, State and Zip Code):	
SERVICE 6	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED:	
	ADDRESS (Street, Apartment No., City, Borough, Township, State and Zip Code):	
7. Name of Attorney or other Originator:		8. Telephone Number
		9. Date
10. Send Notice of Service copy to name and address below: (This area must be completed if notice is to be mailed)		

SPECIAL INSTRUCTIONS FOR SERVICE: _____

If additional services are required, please attach a sheet noting each individual and location to be served.