Canadian Process Serving Inc.

905.529.2770 | 1.800.465.7378

DOCUMENT SERVICE CHECKLIST

Complete this form and include it with your documents. All required fields are marked with an asterisk (*)

Your name/company:*	
Your address:*	Callfall
Your telephone No.:* Home: Your email address: *	Cell/other:
-	
	iner? O Visa O Mastercard O AMEX O E-transfer
Certified Funds (to be included with your doc	ruments and payable to Canadian Process Serving Inc.
If paid by Credit Card please provide: Date Paid*	: Authorization No.:*
Contact the phone number above to arrange payr	ment by Credit Card and obtain your authorization number.
Please list the documents to be served issued fi	iled: (i.e. Plaintiff's Claim, Application for Divorce) *
1)	_,
2)	-1
3)	
4)	0)
SERVICE Request - Name of party(s) to	o be served:*
Address for service:*	
Work address: (if applicable)	
Tronk address. (III applicable)	
Is the party aware these documents are coming?	Yes O No
Best time to serve, if at work provide working ho	ours:
	to make: (after attempt(s) server will call for further instruction).
Indicate any deadlines that apply to service:	
Do you require your Affidavit of Service to be:	Commissioned Notarized
	Service?
choose now you receive the original Amadete or	Service. Triggilar Main Supressipose Security Services
Do you have a photo of the party being served? ((Check one)
Yes Include the photo with your paperwor	
	ossible:
COLIDT Paguest Name of country by	attandad.
	attended:
Address of courthouse:	
Check task required: Issuing Filing	
	e paid separately by cheque payable to the "Minister of Finance" and
included with your documents or added to the ref Notes:	tainer amount.
INUICS.	
Date: *	Signature: *

^{**} IMPORTANT: By signing above, you acknowledge the use of services provided by Canadian Process Serving Inc. and are subject to the terms and and conditions and Client Code of Conduct published on our web site. You further acknowledge and agree to the rates provided on our Price List.