

Request for Service
Jody S. Smith, Sheriff
Cumberland County Office of the Sheriff
One Courthouse Square, Carlisle, PA 17013
Ph: 717.240.6390 Fax: 717.240.6397

Plaintiff/s:	Court Number:
	Expiration Date:
	Type of Action:
Defendant/s:	
Serve Upon:	
Address for Service:	
Alternate Address for Service:	
Type of Service: <input type="checkbox"/> Personal <input type="checkbox"/> Adult in Charge <input type="checkbox"/> Deputize <input type="checkbox"/> Certified Mail <input type="checkbox"/> Posting (copy of court order required) *If requesting service of a Writ of Possession please indicate the number of days the defendant has to vacate the premises. _____ days to vacate.	
Special Service Instructions: **If service is to be made by deputized service to another county please specify which county _____.	
Filing Attorney's Information: Name: _____ Email: _____ Address: _____	
Telephone: _____ Fax: _____	