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BILLING
REFERENCE

SERVICE REQUEST FORM

DATE _____

CAPITOL COURIERS, INC

REQUESTING
FIRM

CONTACT _____ PHONE _____ COURT _____

CASE NAME _____ CASE NUMBER _____ SERVE BY _____

DESCRIPTION
OF SERVICE

- FILING
- SERVE
- DELIVERY
- COPY WORK
- SECRETARY
OF STATE
- OTHER

PICK UP
FROM

GOING TO
PERSON(S)
TO SERVE

ADDRESS

PHONE

NOTES
ATTEMPTS

JOB COMPLETED BY

DATE

TIME

PROOF OF SERVICE
COMPLETED ON

CHARGES

INVOICE