

Request for Service
Ronny R. Anderson Sheriff
Cumberland County Office of the Sheriff
One Courthouse Square, Carlisle, PA 17013
Ph: 717.240.6390 Fx: 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: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><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)</div> <p style="margin-top: 10px;">*If requesting service of a Writ of Possession please indicate the number of days the defendant has to vacate the premises. _____ days to vacate.</p>	
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: