

SHERIFF'S OFFICE

50 NORTH DUKE STREET, P.O. BOX 83480, LANCASTER, PENNSYLVANIA, 17608-3480 - (717) 299-8200

SHERIFF SERVICE PROCESS RECEIPT, and AFFIDAVIT of RETURN										PLEASE MAKE SURE FORM PRINTS LEGIBLY							
1. PLAINTIFF/S/										2. COURT DOCKET NUMBER							
3. DEFENDANT/S/										4. TYPE OF DOCUMENT TO BE SERVED							
SERVE AT	5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO BE SERVED																
	6. ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)																
7. INDICATE UNUSUAL SERVICE: DEPUTIZE _____ OTHER _____																	
Now, _____ 20____, I SHERIFF OF LANCASTER COUNTY, PA., do hereby deputize the Sheriff of _____ County to execute the writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff _____ Sheriff of Lancaster County																	
8. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:																	
NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN - Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction or removal of any such property before sheriff's sale thereof.																	
9. SIGNATURE OF ATTORNEY OR OTHER ORIGINATOR						Print Name			10. TELEPHONE NUMBER			11. DATE					
12. SEND NOTICE OF SERVICE COPY TO NAME AND ADDRESS BELOW:(This area must be completed if notice is to be mailed)																	
SPACE BELOW FOR USE OF SHERIFF ONLY – DO NOT WRITE BELOW THIS LINE																	
13. I acknowledge receipt of the writ Or complaint as indicated above						NAME of authorized LCSO Deputy or Clerk			14. DATE RECEIVED			15. EXPIRATION/HEARING DATE					
16. I Hereby CERTIFY and RETURN that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service as shown in "Remarks", <input type="checkbox"/> have executed as shown in "Remarks", the writ or complaint described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address inserted below by handing a TRUE and ATTESTED COPY thereof.																	
17. <input type="checkbox"/> I hereby certify and return a NOT FOUND because I am unable to locate the individual, company, corporation, ect., named above.																	
18. Name and title of individual Served (if not shown above) (Relationship to Defendant)									19. <input type="checkbox"/> No Servic See Remarks Below								
20. Address of where served (Complete only if different than shown above)(Street or RFD, Apartment No., City, Boro,TWP, State and ZIP Code)									21. Date of Service			22. Time AM/PM <small>E.S.T/E.D.S.T</small>					
23. Attempts		Date	Miles	Dep. Int	Date	Miles	Dep. Int	Date	Miles	Dep. Int	Date	Miles	Dep. Int	Date	Miles	Dep. Int	
24. Advance Costs			25. Service Costs			26. Notary Costs			27. Mileage/Postage/N.F.			28. Total Costs			29. COST DUE OR REFUND		
30. Remarks																	
S.T.A.																	
31. AFFIRMED and subscribed to before me this _____						SO ANSWER.											
34. day of _____ 20 _____						32. Signature of Dep Sheriff			33. Date								
37. _____						35. signature of Sheriff			36. Date								
Prothonotary/Deputy/Notary Public MY COMMISSION EXPIRES _____						MARK S. REESE, SHERIFF OF LANCASTER COUNTY PA											