



**ANOKA COUNTY SHERIFF'S OFFICE-CIVIL UNIT**

13301 Hanson Blvd NW, Andover, MN 55304  
Office: (763) 324-5030 Fax: (763) 324-5070  
[RS-Civil@co.anoka.mn.us](mailto:RS-Civil@co.anoka.mn.us)

**PARTY WE ARE SERVING:**

Name(s): \_\_\_\_\_

ANOKA COUNTY Address: \_\_\_\_\_

\*If this is an apartment building, is there a code/lockbox to enter? (if known) \_\_\_\_\_

Work Hours: \_\_\_\_\_

Best Day(s) & Time to Serve: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Other Phone #(s): \_\_\_\_\_

Work Address: \_\_\_\_\_

Alternate Address(es): \_\_\_\_\_

Facebook or Other Social Media Info: \_\_\_\_\_

**DESCRIPTION (If Known):**

Date of Birth and/or Age: \_\_\_\_\_ Male/Female \_\_\_\_\_ Eye/Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight/Build: \_\_\_\_\_ Facial Hair: \_\_\_\_\_ Glasses? Y/N

Other Descriptors/Info: \_\_\_\_\_

Vehicle Info: Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_

**SAFETY INFO:** Known Weapons? \_\_\_\_\_ Dangerous Animals? \_\_\_\_\_ Drug/Alcohol Abuse? Y/N

**BILLING/CONTACT INFO**

*(This is where the certificate of service and invoice will be sent)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Other Contacts (i.e. do we need to contact a caretaker for entry, etc):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_