

# OTTER TAIL COUNTY SERVICE REQUEST FORM

Date: \_\_\_\_\_

\_\_\_\_\_ Name of person requesting service

\_\_\_\_\_ Address

\_\_\_\_\_

\_\_\_\_\_ Phone#

\_\_\_\_\_ Email

E-File Return(s)       Email to Person/Attorney       Mail to Person/Attorney

Please serve the attached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the following Person(s): Please print name, address, and phone number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>OFFICE USE ONLY</u>	<u>PAYMENT TYPE</u>
Payment Amount: _____	<input type="checkbox"/> Cash
Date: _____	<input type="checkbox"/> Check # _____
Receipt #: _____	<input type="checkbox"/> CC-Invoice# _____
	<input type="checkbox"/> In Forma Pauperis

Thank you,  
Otter Tail County Sheriff's Office Civil Division  
417 S Court St -- Fergus Falls, MN 56537  
Phone: 218-998-8522 Email: [otccivilprocess@ottertailcounty.gov](mailto:otccivilprocess@ottertailcounty.gov)

