

LKEAA PROCESSING SERVICES REQUEST FORM

Please print a copy of this form, fill in the required information and include it with your documents.
Required fields are marked with an asterisk (*)

*Your Name:			
*Company Name (if applicable):			
*Your Address:			
*Your Telephone Number:			
*Please list the name(s) of the person(s) to be served.			
*Address for Service:			
Best Time of Day to Serve:			
Max. number of attempts you would like the server to make before calling you for further instructions:			
Please list the documents being served. (For example, Statement of Claim, Application Record, Application for Divorce)			
If you have a photo/photos of the party/parties being served, please include it/them with your documents. If no photo is available, please provide a detailed physical description of the party/parties being served, if possible.			
Date:		Signature:	

LKEAA Processing Services
 Phone (940) 442-9131
 Please send all documentation to:
 Email: sb@lkeaaprocessingservices.com