

TIM LANE
Scott County Sheriff



SHAWN ROTH
Chief Deputy Sheriff

BRYCE SCHMIDT
Chief Deputy Sheriff

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DIRECTIONS TO SHERIFF

DATE: _____ CASE#: _____

PLAINTIFF VS. DEFENDANT

DEFENDANT'S SOCIAL SECURITY NUMBER: _____

DEFENDANT'S ADDRESS: _____

INDIVIDUAL OR BUSINESS TO BE SERVED: _____

RESIDENCE:

EMPLOYER:

(Street Address)

(Employer Name)

(City, State, Zip Code)

(Employer Address)

(Telephone: Home/Work)

(Employer City, State, Zip Code)

DEFENDANT INFORMATION:

SEX: _____ RACE: _____ AGE: _____

DOB: _____ HEIGHT: _____ WEIGHT: _____

HAIR: _____ EYE: _____ SS#: _____

ADDITIONAL INFORMATION: _____

NAME AND/OR FIRM NAME OF PERSON REQUESTING SERVICE

MAILING ADDRESS

TELEPHONE NUMBER