

Pickup  
Date/Time

\_\_\_\_\_/\_\_\_\_\_  
**RUSH** \_\_\_\_\_ **Routine** \_\_\_\_\_

# RUSH PROCESS SERVICE INC.

Phone (503) 232-3667 ~ Fax (503) 232-4309  
2014 N.E. Sandy Blvd., Suite 204, Portland, OR 97232  
[rushprocess@comcast.net](mailto:rushprocess@comcast.net)

Phone: \_\_\_\_\_ Person(s) To Serve: \_\_\_\_\_  
Contact/Email: \_\_\_\_\_ Business To Serve: \_\_\_\_\_  
Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hearing Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_ **LAST DAY FOR SERVICE:** \_\_\_\_\_  
Your File #: \_\_\_\_\_

## Documents to be Served:

### Proof of Service Instructions

File Original Proof and Email Copy  
Client will file Proof (email copy)  
Original Summons Enclosed  
Substitute Mailing Copy Enclosed

### Confirmation of Service Instructions

Confirm Service via Phone call  
Confirm Service via E-mail to: \_\_\_\_\_

## Special Instructions/Additional Information:

Use Area Below for **DELIVERIES ONLY**. (NO PROOF OF SERVICE REQUIRED)

Deliver To: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_

### Urgency of Delivery

Super Rush  
Rush (1Hour)  
Routine (3 Hour)  
End of Business Day