

**CONSTABLE'S OFFICE**  
**LAS VEGAS TOWNSHIP/ROBERT "BOBBY G" GRONAUER**  
309 S Third St - 3<sup>rd</sup> Floor  
Las Vegas, NV 89155  
702-455-4899

**PLEASE COMPLETE THE FOLLOWING ABOUT THE PERSON WE ARE SERVING**

**Name & title of person to be served: IF COMPANY OR CORPORATION, PROVIDE THE OWNER NAME, CORPORATE OFFICERS OR RESIDENT AGENT.**

NAME: \_\_\_\_\_

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

Best time to serve - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Employed at: \_\_\_\_\_

Phone number of person to be served - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Description - Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Age: \_\_\_\_\_ Eyes: \_\_\_\_\_

Auto - Make: \_\_\_\_\_ Year: \_\_\_\_\_ Doors: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Other information to help us serve the Defendant: \_\_\_\_\_

PLAINTIFF'S DAYTIME PHONE #: \_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_

**DEPUTY WORKSHEET**

Deputy Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**Service Attempts:**

1. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

2. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

3. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Reason for non-service: \_\_\_\_\_

New Employer/Address? \_\_\_\_\_

New Home Address: ? \_\_\_\_\_