

Printed on Sheriff's Office letterhead

Postmaster _____

Date: _____

(City, State, ZIP Code)

REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION NEEDED FOR SERVICE OF LEGAL PROCESS.

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name: _____

Address: _____

NOTE: The name and last known address are required for change of address information. The name, if known, and post office box address are required for boxholder information.

The following information is provided in accordance with 39 CFR 265.6(d)(4)(ii). There is no fee for providing boxholder or change of address information.

1. Capacity of requester: **Process Server/Deputy**
2. State or regulation that empowers me to serve process: **Wisconsin Statute 59.27(4)**
3. The names of all parties to the litigation: _____
4. The court in which the case had been or will be heard: _____
5. The docket or other identifying number if one has been issued: _____
6. The capacity in which this individual is to be served (e.g defendant or witness) _____

WARNING

The submission of false information to obtain and use change of address information of boxholder information for any purpose other than the service of legal process in connection with actual or prospective litigation could result in criminal penalties including a fine of up to \$10,000 or imprisonment of not more than 5 years, or both (title 18 U.S.C. Section 1001).

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.

(Signature) Bill Teteak, Process Server, Oconto County

301 Washington Street
Oconto, WI 54153

POST OFFICE USE ONLY

- No change of address order on file
- Moved, left no forwarding address
- No such address

NEW ADDRESS OR BOXHOLDER'S NAME AND STREET ADDRESS

