

JAIME FITZSIMONS
SHERIFF



PETER HAYNES
UNDERSHERIFF

OFFICE OF THE SUMMIT COUNTY SHERIFF

501 North Park Avenue • PO Box 210 • Breckenridge, Colorado 80424
Office: (970) 453-2232 • Fax: (970) 453-7329 • www.SummitSheriffCO.com

Print your name: _____ Email Address: _____

Telephone#: _____ Mail Return of Service to: _____

Name of Person we are serving: _____ Relationship to you: _____

His/Her telephone #: _____

Home address or address he/she can be found: _____ Best time to serve: _____

Name of work location: _____ Hours he/she works: _____

Work Address: _____ Work phone #: _____

Please provide as much information you may have related to the defendant(s):

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	RACE:	DOB:	APPROXIMATE AGE:
Height:	Weight:	Eye Color:	Hair Color:	Beard: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tattoo(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Moustache: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other distinguishing marks: _____		
Type of Vehicle:	License #:	Color of Vehicle:	Year of Vehicle:	State: _____
Alcohol/Drug use (present or past): _____				
Past arrest or confinement history: _____				
Outstanding warrants: _____				
Does this person have any known weapons on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Could this person be dangerous to the serving officer: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please state why: _____ _____				
Please state any other information you feel will be helpful to our serving officers: _____ _____				