

Swift Wing Process Serving

A Division Big Brown Bat Consulting Inc.

LAW FIRM: _____ PHONE: _____

LAWYER: _____ PARALEGAL / LLA: _____

STYLE OF CAUSE: _____

YOUR FILE NUMBER: _____

Number of people to serve: _____

1: NAME: _____

ADDRESS: _____

Any other details (i.e. glasses, tattoos, etc.): _____

2: NAME: _____

ADDRESS: _____

Any other details (i.e. glasses, tattoos, etc.): _____

3: NAME: _____

ADDRESS: _____

Any other details (i.e. glasses, tattoos, etc.): _____

4: NAME: _____

ADDRESS: _____

Any other details (i.e. glasses, tattoos, etc.): _____

ADDITIONAL DETAILS:

DO YOU REQUIRE AN AFFIDAVIT OF SERVICE

YES

NO

DO YOU REQUIRE THE AFFIDAVIT TO BE NOTARIZED?

YES

NO

Forward this form and relevant documents to: service@swiftwingprocessserving.ca