



Dwight D. Sullivan
County Clerk Galveston County

Request for Issuance of Service

Date Requested: _____ Case Number: _____ Court: _____

Type of Instrument to be served: _____

SERVICE TO BE ISSUED ON (Please list exactly as the name appears in the pleading to be served)

Issue Service To: _____

Address of Service: _____

City, State & Zip: _____

Agent (if applicable): _____

Type of Service to be Issued:

Non Writs:

- | | | | | |
|--|---|--|-----------------------------------|---|
| <input type="checkbox"/> Posted Citation | <input type="checkbox"/> Citation by Personal Service | <input type="checkbox"/> Pluries Citation | <input type="checkbox"/> Precept | <input type="checkbox"/> Rule 106 Service |
| <input type="checkbox"/> Notice | <input type="checkbox"/> Secretary of State Citation | <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Subpoena | <input type="checkbox"/> Alias Citation |

Writs:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Attachment (Person) | <input type="checkbox"/> Attachment (Property) | <input type="checkbox"/> Order of Sale | <input type="checkbox"/> Certiorari |
| <input type="checkbox"/> Garnishment | <input type="checkbox"/> Habeas Corpus | <input type="checkbox"/> Injunction | <input type="checkbox"/> Temporary Restraining Order |
| <input type="checkbox"/> Possession (Person) | <input type="checkbox"/> Possession (Property) | <input type="checkbox"/> Protective Order | <input type="checkbox"/> Abstract of Judgment |
| <input type="checkbox"/> Scire Facias | <input type="checkbox"/> Sequestration | <input type="checkbox"/> Supersedeas | <input type="checkbox"/> Execution |
| <input type="checkbox"/> Other (Please Describe): _____ | | | |

Upon Issuance of Service: (Check one only)

- Send to Sheriff
- Galveston County Constable Name and Address: _____
- Civil Process Server (include the name of the Authorized Person to pick up): _____
- Call attorney at for pick up (Phone Number): _____
- Mail to attorney at: _____
- Email Service to: _____
- Send to League City
- County Clerk serve by certified mail: _____

Issuance of Service Request by:

Attorney/Party Name: _____ Phone Number: _____

Address: _____ Email: _____

*****Service will only be issued upon payment of cost*****