

DENNIS CONARD, SHERIFF

Michael K. Brown
Chief Deputy Sheriff



Clifford G. Tebbitt
Jail Administrator

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DIRECTIONS TO SHERIFF

DATE: _____

CASE #: _____

PLAINTIFF

VS.

DEFENDANT

INDIVIDUAL OR BUSINESS TO BE SERVED: _____

RESIDENCE:

EMPLOYER:

(Street Address)

(Employer Name)

(City, State, Zip Code)

(Employer Address)

(Telephone: Home/Work)

(Employer City, State, Zip Code)

DEFENDANT INFORMATION:

SEX: _____

RACE: _____

AGE: _____

DOB: _____

HEIGHT: _____

WEIGHT: _____

HAIR: _____

EYE: _____

SS#: _____

ADDITIONAL INFORMATION: _____

NAME AND/OR FIRM NAME OF PERSON REQUESTING SERVICE

MAILING ADDRESS

TELEPHONE NUMBER