_____
(Date)

Otter Tail County Sheriff's Department
Civil Division
417 South Court Street
Fergus Falls, MN 56537

RE: Paper Service

Please serve the attached _____

_____

_____

_____

_____

On the following person(s): (Please print name, address and phone number)

_____

_____

_____

_____

_____

_____

_____

Thank you,

_____
(Name)

_____
(Address)

_____

_____
(Phone Number)