



VENDOR FORM

_____ COURT _____ COUNTY

	Judgment Creditor
AGAINST	
	Judgment Debtor

Sheriff's Case #: _____

Index #: _____

I understand that the execution of the court process issued in the above referenced action will require the services of a mover/storage facility, private security guard service, locksmith, or other private vendor needed by the Sheriff.

I further understand that I may select any mover/storage facility duly licensed by Consumer Affairs and the Department of Transportation and adequately insured; or any licensed private security guard service that is adequately insured; or licensed locksmith, or any vendor needed by the Sheriff

Dated _____, 20____

Signature (Plaintiff / Plaintiff s Attorney)

Print name signed above

I hereby elect to select the necessary vendor who will proceed upon the Sheriffs directions, and I will be fully responsible for the costs thereof. Select one vendor per form below. (Copy as needed)

Mover/Storage Guard Service Locksmith Other: _____

Vendor's Name

Signature (Plaintiff / Plaintiff's Attorney)

Vendor's Address

Print Name Signed Above

Vendor's License Number

Date