SHERIFF DAVID S. BROWN SHERIFF

Paid in Full

OFFICE OF THE SKAMANIA COUNTY

SHERIFF

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David Waymire Chief Corrections Deputy

Jason Fritz Chief Civil Deputy

Civil Process

Date		
Name		
Address		
Phone		
Email		
Return Of Service: Called_	Mailed	Sent to Courts
I	am request	ing to have the following documents
served.	•	
1)		
2)		
3)		
4)		
5)		
Name of Party to Be Served Address:	1:	

Collect Payment after Service