Attachment B Bid Proposal Information (Complete and return this form)

	(Compress and Total I this form)
1. Your company's name, address, and number of years providing process service?	CIVIL PROCESS SERVERS LLC 20983 HAWK LANE COUNCIL BLUFFS, JOWA 51503 7: YEARS
2. Number of people in your company dedicated to process service?	5 TOTAL 3 SENVENS
3. Average amount (years) of experience for your process servers?	34 YEARS 3 4 JEARS PART TIME CALLED
4. Entities for whom you the bidder currently provides service of process on a regular basis?	MEGINN CAW FIRM SANA BENSON CAN FIRM DEB PETEREN CAW FIRM
regular basis :	HELEN SAUAGE CAW FIRM PIPIL CANIGLIA LAW FIRM JEAF COATS LAW FIRM DICK CLOWL LAW FIRM DAVID POOR CAW FIRM
5. Experience you have providing service of process for government agencies other than CSRU? Include the name of the agency and years of service.	COUNCIL OLUFFS CATY (FUBLIC WORKS) (F) COUNCIL DLUFFS (CATY ATTY) (P)
6. Hours your employees work to serve process (e.g., 6:00 am to 8:00 pm, Monday through Saturday)?	
7. Average number of requests for service your company receives each month?	60
8. Average number of Successful Services each month?	80%
9. Average number of attempts before completing service?	2 703

10. Do you handle special requests? Example: If we find out that a person will be in court on a certain day, will you attempt service that day?	YES		
11. Flat rate charge for Successful Service and unsuccessful service (please specify different charges for different areas)?	ANY THING OF	EAST OF 72NDST 30.00 WEST OF 72NDST 40.00 ONT SIDE OF OMAMA 55.00 SELEVUS, CARTON LAKE - 30.00 -	3 ATTOM 3 ATTOM 3 ATTOM 3 ATTOM 3 ATTOM
12. Provide three (3) client references, other than CSRU, knowledgeable of the bidder's performance in	name Contact name Phone number	DSQ - 25-00 M°GINN LAY FIRM BILL M°GINN 7/2: 328-1566	34:110
providing services similar to those described in this RFP.	Company name	PHIL CAGNOLIA LAW FINA	-
	Contact Name Phone number	PML CAGNIBCIA 712 322-2251	
	Company name Contact name	RICK CROWL	
	Phone number	712 322-40 33	
13. Provide proof of insurance and registration to do business in the state of lowa. (Attach proof to this form)	GADE IN JAY SIMM POLICY # 11	SULANCE 15 712 323-4959 2307-39786991-11 (YOW HAVE	5)
14. Please provide any other pertinent information that you think we should know about your company. Please use the back of this sheet if you need more room.	FOR THE WORK	SENUED PAPENS FOR YOU PAST 6 YEARS TO GET ON SERVED.	
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