PROOF OF SERVICE

Complete this form to show you sent copies of the attached document to all other parties.

1. CASE INFORMATION

In the Matter of:_____

File Number:_____

2. DOCUMENT SERVED

Name of the document(s):

3. PEOPLE SERVED

List the names, addresses, and email addresses (if applicable) of all people or parties you served.

4. TYPE OF SERVICE

Check and complete the sections that apply. Add more sheets if needed.

A. Email

☐ I confirm that the person or party agreed to receive documents by email. I sent the document by email and did not receive any delivery-failure notice indicating that the email was not delivered.

Date emailed:_____

B. U.S. Mail (*First-Class Mail*)

☐ I put the document in a sealed envelope or package, addressed to the person or party, and deposited with the U.S. Postal service with postage fully prepaid.

Date mailed:_____

C. Messenger or Overnight Delivery (*UPS, FedEx, courier, etc.*)

☐ I put the document in a sealed envelope or package, addressed to the person or party, and deposited with a messenger or delivery service, with costs fully prepaid.

Name of the messenger or delivery service:_____

Date delivered:_____

D. Personal Delivery

☐ I handed the document directly to the person or party's representative.

Name of the person who received the document:_____

Name of the person who delivered the document:_____

Date delivered:_____

5. PERSON COMPLETING THIS FORM

☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:_____ Date:_____

Printed Name:_____ City, State:_____

Submit a signed copy of the completed form to:

CalRecycle Hearing Office

1001 I Street, MS 25-54, Sacramento, CA 95814

Email: HearingOffice@calrecycle.ca.gov

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