



Affidavit of service

AFFIDAVIT OF SERVICE

ARB Roll No: _____

I, _____ of the _____
(full name and title) (city, town and county, region)

MAKE OATH AND SAY (or AFFIRM AND SAY) THAT:

The hearing for the appeals _____ is taking place on
(appeal numbers)

_____ at _____
(day, month, year) (place, address)

I provided _____ to _____ on
(name of document(s)) (full name of person receiving notice)

_____ by: _____
(day, month, year)

Check the correct one(s), fill in necessary info, and attach any supporting documents.

Mail or courier on _____
(day, month, year)

Fax or email at _____ on _____
(fax number or email address) (day, month, year)

Personal service on _____
(day, month, year)

Another means of service as directed by the Board. Service of notice of the hearing in this matter is in accordance with the instructions given by the Board in its letter dated, _____
(day, month, year)

Please ensure that notice has been given to: present parties, any appellant, objector and/or person who requested, in writing, that he/she receive notice (as well as any persons within an area defined by the Board in its instructions for service as being entitled to notice).

Fill out below if you are the person swearing to this affidavit.

I, in good faith and in support of _____ have sworn to this affidavit.
(the matter and/or legislation)

Sworn before me in the _____ on _____
(city/town and region/municipality/county) (day, month, year)

Signature of Person affirming Affidavit

Commissioner for Taking Affidavits