

**POLLUTION CONTROL HEARINGS BOARD
STATE OF WASHINGTON**

(insert name(s))
Appellant(s),

v.

(insert name of Agency/ Agencies)
Respondent(s).

PCHB No. _____
(insert case no. if known)

PROOF OF SERVICE

PROOF OF SERVICE DECLARATION

I, _____ *(insert name)* certify that I caused a copy of the foregoing document(s) _____

to be served on all parties or their counsel of record on _____
(insert date)

as follows:

<p><i>(insert name, mailing address, email address, and title of individual or entity)</i></p>	<p><input type="checkbox"/> U.S. Mail Postage Prepaid <input type="checkbox"/> Email (by prior agreement) <input type="checkbox"/> Certified Mail Postage Prepaid <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Legal Messenger <input type="checkbox"/> Other (please specify)</p>
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<i>(insert name, mailing address, email address, and title of individual or entity)</i>	<input type="checkbox"/> U.S. Mail Postage Prepaid <input type="checkbox"/> Email (by prior agreement) <input type="checkbox"/> Certified Mail Postage Prepaid <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Legal Messenger <input type="checkbox"/> Other (please specify)
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I certify under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

DATE: _____ *(insert month, day, and year)*

LOCATION: _____ *(city and state where signed)*

(Signature of Declarant)

(Print or Type Name)