AFFIDAVIT OF SERVICE

State of New York)
County of _____)

The undersigned being duly sworn, deposes and says:

On _____, I served a copy of _____
(date of service) (name of document(s) served)

upon _____,
(name of person/agency/organization served)

located at _____;
(complete address where person /agency/organization served)

(Select method of service):

☐ Personal Service: by personally delivering a true copy of the aforesaid document(s) to the person/agency/organization described.

☐ Service by Mail: by depositing a true copy of the aforesaid document(s) in a prepaid, properly addressed envelope in a post office box or official depository under the exclusive care and custody of the United States Postal Service.

☐ Service by Email: by emailing these documents to the person/agency/organization described. A copy of the email is attached.

Note: this affidavit is not required for documents served by email when the Office of Collective Bargaining was simultaneously copied on the transmission.

_____
(Signature of person serving papers)

Sworn to before me this day
of _____

_____
(Printed name)

_____
Notary Public