	AFFIDAVIT OF S	SERVICE	
OMB Case No:			
I.	of the		ama
I,(full name)		(city, town and county,	region)
(your role, if any, e.g. party, solicitor, representation	tive, officer, member or emplo	yee of a party, etc.)	·
MAKE OATH AND SAY (or AFFIRM	I AND SAY) THAT:		
Notice of [written] hearing of this matter	, starting on		and ending or
	(hearing d	ate, day, month, year)	
at (day, month, year)	(pla	ce, address)	was given b
Check the correct one(s) and fill in net			
1. Publication in the	ntion(s))	on(d	av. month_year)
\Box A copy of the published	d notice is enclosed as A	ttachment #	
2. Delivering notice by prepaid registere			
to	t attached).	(d	ay, month, year)
I ne list of persons to v	vnom such notice was giv	ven and is enclosed to this	Affidavit as Attachment #
2 Destine entire of active in multipula		ni sin slites su	4-
3. Posting copies of notice in public pla	ces in and around the mu		, month, year)
(Place where notice was posted)			
\Box See the form attached	for the names of the place	es where the notice was po	osted as Attachment #
4. Any other means of service, includin			
the hearing in this matter is in accordanc	e with the instructions gi	ven by the Board in its lett	er dated,
(day, month, year)			
Please ensure that notice has been given writing, that he/she receive notice (as we			
service as being entitled to notice).	an as any persons within a	an area defined by the boa	rd in its instructions for
Fill out below if you are the person sw	earing to this affidavit.		
I, in good faith and in support of	(the matter and/or legisla	tion) h	ave sworn to this affidavit.
Sworn before me in the		on	·
(city/	own and region/municipality/co	ounty)	(day, month, year)
Signature of Person affirming Affidavit			
Signature of reison attituting Affidavit			
Commissioner for Taking Affidavits (or as may be)		