

APPELLANT NAME, ADDRESS AND TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>		
MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988			
ISSUING AGENCY:			
PARKING APPEAL - PROOF OF SERVICE	CASE NUMBER:		
HEARING DATE:	TIME:	AM / PM	COURTROOM:

At the time of service, I was at least 18 years of age, not a party to the action, and I served the Notice of Parking Appeal to _____ on _____ at _____ AM/PM by:
NAME OF AGENCY

- Leaving document(s) with _____ at the address below.
NAME OF PERSON
- Sending document(s) by first-class mail to the address below.

Address: _____

The appellant must file the completed *Proof of Service* form with the court
at least 10 days prior to the date of the court hearing.

If appellant plans to subpoena the citing or other police officer to be present at the hearing, obtain from the court a civil subpoena form. The appellant must present this form to the issuing agency and pay a subpoena fee of \$275.00 per day (Government Code § 68097.2).

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

DATE

PRINT NAME OF SERVER

SIGNATURE OF SERVER