

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

At the time of service, I was at least 18 years of age and I served the Notice of Parking Appeal.

Date: _____ Time: _____ AM / PM

Address: _____

I Served _____

- By leaving documents with _____
(name of person)
- By mailing first class mail to the address above.

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.

Note: If you plan to subpoena the citing or other police officer to be present at your hearing, you can obtain from the Court a civil subpoena form. You must present this form to the issuing agency and pay a subpoena fee of \$150.00 per day (GC § 68097.2)

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

Date: _____

 SIGNATURE OF SERVER