

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #):  STATE BAR NO: ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>MARIN COUNTY SUPERIOR COURT</b> 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>ADMINISTRATIVE APPEAL - GENERAL          PROOF OF SERVICE</b> Government Code § 53069.4(b)(1)	CASE NUMBER:

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 Administrative Appeal to \_\_\_\_\_

NAME OF AGENCY

on \_\_\_\_\_ at \_\_\_\_\_ AM / PM by:

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  
**no later than 15 days** subsequent to filing Notice of Appeal.

**If appellant plans to subpoena a government official 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 and the laws of the State of California that the above is true and correct.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME OF SERVER

\_\_\_\_\_  
 SIGNATURE OF SERVER