

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

I, _____, hereby declare that I served the Notice of Administrative Appeal
(print name)

upon the Community Development Agency and County Counsel of Marin County by:

- Personally delivering the Notice of Appeal to the addresses set forth below.
- Personally delivering the contestant's opening brief to the addresses set forth below.
- Sending the Notice of Appeal by first-class mail to the address set forth below.
- Sending the contestant's opening brief by first-class mail to the addresses set forth below.

Marin County - Community Development Agency
 3501 Civic Center Drive
 San Rafael, California 94903

Marin County - Office of County Counsel
 3501 Civic Center Drive
 San Rafael, California 94903

Date: _____

 SIGNATURE