

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #):</i>  STATE BAR NO: ATTORNEY FOR <i>(Name):</i>	<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          COMMUNITY DEVELOPMENT AGENCY          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 and the appellant's opening brief to the Marin County Community Development Agency on \_\_\_\_\_ at \_\_\_\_\_ AM / PM by:

- Leaving Notice of Administrative Appeal with \_\_\_\_\_ NAME OF PERSON at the address below.
- Leaving appellant's opening brief with \_\_\_\_\_ NAME OF PERSON at the address below.
- Sending Notice of Administrative Appeal by first-class mail to the address below.
- Sending appellant's opening brief by first-class mail to the address below.

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

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*