	AFFIDAVIT	OF SERVICE		
OMB Case No:	_			
I,(full name)	of the			am a
(your role, if any, e.g. party, solicitor, representative	/e, officer, member or	employee of a party, etc.)		
MAKE OATH AND SAY (or AFFIRM	AND SAY) THA	AT:		
Notice of [written] hearing of this matter, s	starting on(he	earing date, day, month, yea	ur)	_and ending on
at				was given by:
(day, month, year)		(place, address)		
Check the correct one(s) and fill in neces	ssary info.			
1. Publication in the			_on	
(name of publication	on(s))		(day, month, year	r)
☐ A copy of the published	notice is enclosed	l as Attachment #	·	
2. Delivering notice by prepaid registered	(certified) mail, p	orepaid courier, or fax	on	
to			(day, month, year	
(name of person, of it more than 2, refer to a fist a	ttachea).			
The list of persons to wh 3. Posting copies of notice in public place		-		
(Place where notice was posted)			(day, month, year)	
(Place where notice was posted)				
See the form attached for	r the names of the	e places where the not	ice was posted as Atta	chment #
4. Any other means of service, including the hearing in this matter is in accordance				rvice of notice of
(day, month, year)				
Please ensure that notice has been given to writing, that he/she receive notice (as well service as being entitled to notice).				
Fill out below if you are the person swea	ring to this affid	avit.		
I, in good faith and in support of	(the matter and/or	legislation)	have sworn t	o this affidavit.
Sworn before me in the				
Sworn before me in the(city/tow	vn and region/municip	pality/county)	on(day, month, y	year)
Signature of Person affirming Affidavit				
Commissioner for Taking Affidavits (or as may be)				