NOTICE OF DECLARATION OF SERVICE TO RESIDENT(S)

aka Proof of Service

I, the undersigned, declare that at the time of service of the papers herein referred to, I was at least (18) eighteen years of age, and that I served the following checked notice:

- ☐ Notice to Pay Rent or Quit
- ☐ Thirty (30) Day Notice of Termination of Tenancy
- ☐ Sixty (60) Day Notice of Termination of Tenancy
- ☐ Standard Notice of Right to Request Initial Inspection
- ☐ Notice of Change in Terms of Tenancy
- ☐ Other (Name of Form served):_____

By serving it on the following named parties in the manner checked and set forth below:

(1) PERSONAL SERVICE

☐ By DELIVERING a copy of the notice on (date) _____
to each of the following named resident(s) PERSONALLY:

_____

_____

(2) CONSTRUCTIVE SERVICE Authorized by C.C.P. Section 1162 (2,3)

☐ (a) By LEAVING a copy of the notice for each of the following named resident(s):

_____

_____

on (date)_____ with _____

a person of suitable age and discretion at the residence or usual place of business of the resident(s), said resident(s) being absent thereof, and MAILING by first class mail on said date of copy to each resident(s) by depositing said copy in the United States Mail in a sealed envelope with postage fully prepaid, addressed to the resident(s) at their place of residence:

Street Address: _____ Apt. No._____

City:_____ State:_____Zip Code:_____

☐ (b) By POSTING a copy of the notice for each of the following named resident(s):

_____

_____

_____

on (date):_____ in a conspicuous place on the property therein described, there being no person of suitable age and discretion to be found at any known place of residence or business of said resident(s), and MAILING by first class mail on the same day as posted, a copy to each said resident(s) by depositing said copy in the United States Mail in a sealed envelope with postage fully prepaid, addressed to the resident(s) at their place of residence:

Street Address: _____ Apt. No._____

City:_____ State:_____Zip Code:_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND IF CALLED AS A WITNESS TO TESTIFY THERETO, I COULD DO SO COMPETENTLY.

Executed this _____ day of the month _____ , of the year_____

at: _____, CA, zip code_____.

Declarant Signature: _____