

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: _____



Your use of any of these forms constitutes your representation that you have counseled with your personal attorney before using the form, and in using the form you are relying on your attorney's counsel and your own investigation and not on any express or implied representation by SBRPA or any of its officers, directors, employees, or representatives.



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