

APPLICANT/AGENT:	APPEAL NO(S):
WITNESS:	

**PROOF OF SERVICE OF SUBPOENA FOR PERSONAL APPEARANCE AT THE
COUNTY OF ALAMEDA ASSESSMENT APPEALS BOARD HEARING**

1. At the time of service, I was over 18 years of age and not a party to this action.

2. I served this subpoena for Personal appearance before the Assessment Appeals Board by personally delivering a copy of the person served as follows:
 - a. Person Served (Name): _____

 - b. Address where served: _____

 - c. Date of Delivery: _____

 - d. Time of Delivery: _____

 - e. Witness fees (check one):
 - were offered or demanded and paid. Amount \$ _____
 - were not demanded or paid.

 - f. Fee for service \$ _____

3. Person serving:
 - Not a registered California process server.
 - California Sheriff or Marshal.
 - Registered California process server.
 - Employee or independent contractor or a registered California process server.
 - Exempt from registration under Business and Professions Code Section 22350(b).
 - Exempt from registration under Business and Professions Code Section 22451.

Name:	
Address:	
Telephone No:	
County Registration Number (if applicable)	

I declare under penalty of perjury the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature

(For California Sheriff or Marshal use only)
I certify that the foregoing is true and correct.

Date: _____

Signature