

Name of person accepting service: _____

Signature of served person: _____

If not the individual to be served, I affirm that the individual accepting service was of suitable discretion age sixteen (16) or older.

Mail

Address used: _____

Mail Delivery Service used: _____

Date mailed: _____

Proof attached: return receipt mailing log mailing envelope

Publication. Printed copy of the publication and affidavit indicating the manner and dates of publication attached.

Name: _____

Method: Personal Service

Name of Server: _____

Date, Time, Location: _____

Name of person accepting service: _____

Signature of served person: _____

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Method: Personal Service

Name of Server: _____

Date, Time, Location: _____

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Signature of served person: _____

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Mail

Address used: _____

Mail Delivery Service used: _____

Date mailed: _____

Proof attached: return receipt mailing log mailing envelope

Publication. Printed copy of the publication and affidavit indicating the manner and dates of publication attached.

RESPECTFULLY SUBMITTED this _____ day of _____, 20_____.

Signature

VERIFICATION

STATE OF ARIZONA)
) ss.
COUNTY OF _____)

_____, having been first duly sworn upon his/her Oath deposes and states as follows:

I, _____, hereby state and affirm upon the penalty of perjury that the statements in this Proof of Service are accurate to the best of my information, knowledge, and belief.

Signature

Subscribed and Sworn before me by _____, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: