

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
COUNTY OF _____)

The undersigned being duly sworn, deposes and says:

_____ Deponent is not a party to the action, is over 18 years of age
(name of person mailing Notice of Appeal)
and resides at _____
(address of person mailing/delivering Notice of Appeal)

That on _____, deponent served the within Notice of Appeal on
(date of mailing/personal service)
_____ located at _____
(name of other party or attorney for other party) (address of other party or
attorney for other party)

Select one:

_____ by depositing a true copy of the same enclosed in a postpaid properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

_____ by personally delivering the same.

Signature of person mailing Notice of Appeal

Printed Name

Sworn to before me this _____
day of _____

Notary Public

AFTER THE AFFIDAVIT OF SERVICE BY MAIL HAS BEEN SIGNED AND NOTARIZED, THE ORIGINAL AND ONE (1) COPY OF THE NOTICE OF APPEAL AND AFFIDAVIT(S) OF SERVICE MUST BE FILED WITH THE CLERK OF THE CITY COURT.