

**AFFIDAVIT OF SERVICE**

State of New York )  
County of \_\_\_\_\_ )

The undersigned being duly sworn, deposes and says:

\_\_\_\_\_ is not a party to the action, is over  
*(Name of Person Serving Papers)*

18 years of age and resides at \_\_\_\_\_  
*(Complete Address of Person Serving Papers)*

That on \_\_\_\_\_, deponent served the within  
*(Date of Service)*

\_\_\_\_\_  
*(Name of Document(s) Served)*

upon \_\_\_\_\_ located at \_\_\_\_\_  
*(Name of Person/Corporation Served)*

\_\_\_\_\_  
*(Complete Address Where Other Party/Corporation Served)*

*(Select Method of Service)*

\_\_\_\_\_ **Personal Service:** By delivering a true copy of the aforesaid documents personally; deponent knew said person/corporation so served to be the person/corporation described.

\_\_\_\_\_ **Service by Mail:** By depositing a true copy of the aforesaid documents in a postpaid properly addressed envelope at a post office or official depository under the exclusive care and custody of the United States Postal Service.

\_\_\_\_\_  
Signature of Person Serving Papers

\_\_\_\_\_  
Printed Name

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public