

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 serving the document)
and resides at _____
(address of person serving the document)

That on _____, deponent served the within _____
(date of mailing/personal service) (Title of document)

on _____ located at _____
(name of other party or attorney for other party) (address of other party or attorney for other party)

(address of other party or attorney for other party continued)

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 serving the document

Printed Name

Sworn to before me this _____
day of _____

Notary Public