

(2/05)

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK, _____ S.S.:
(COUNTY WHERE SWORN TO)

_____, being duly sworn, deposes and says, that deponent is NOT a party to the action, is over 18 years of age and resides at _____
_____.
(ADDRESS OF PERSON WHO SERVES PAPERS)

That on the _____ day of _____, 2____ deponent served the within _____ upon
(SET FORTH PAPERS SERVED)

opponent(s) _____
(NAME OF OPPONENT[S])

at _____

(ADDRESS OF OPPONENT[S])

(or if the opponent[s] is [are] represented by attorney[s])

upon _____ attorney(s) for
(NAME OF ATTORNEY[S])
opponent(s) at _____

(ADDRESS OF ATTORNEY[S])

the address designated by said opponent(s) or said attorney(s) for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper, in --a post office -- official depository under the exclusive care and custody of the United States Post Office Department within the State of New York.

(SIGNATURE)

(To be completed by Notary Public at the time affidavit is signed)

Sworn to before me this
_____ day of _____, 2_____