

(4) _____

Petitioner(s)/Landlord(s)

(3) Index/Docket No. _____

-against-

**AFFIDAVIT OF SERVICE OF:
(1) ORDER TO SHOW CAUSE
(2) AFFIDAVIT IN SUPPORT OF ORDER
TO SHOW CAUSE**

(5) _____

Respondent(s)/Tenant(s)

State of New York, County of (6) _____: Address (7) : _____
_____ Apt. _____

(8) _____, being duly sworn, deposes and says:
I am over the age of eighteen and not a party to this action. On the (9) _____ day of _____, 20____
I served a copy of the Order to Show Cause and Affidavit in this matter on:

Known to me to be the Petitioner(s) by: (10)

Delivering a true copy to him/her/them at the following address:

 Delivering a true copy to his/her/their attorney(s) or managing agent(s) at the following address:

_____ The person served is described as follows: (11)

Sex _____, Color of Skin _____, Hair Color _____, Approximate: Age _____, Weight _____, Height _____. Other identifying features _____

Mailing a copy, properly sealed and enclosed in a post-paid wrapper by Certified Mail, Return Receipt Requested, in a Post Office of the United State Postal Service within the State of New York, addressed to the petitioner (or his/her registered managing agent) at the address registered with the Department of Housing Preservation and Development.

AND ALSO SERVED ON THEM

By: Enforcement Officer (12) _____ by:

Delivering a copy to (13) _____, a person in the Marshal's Office.

The person served is described as follows: (14) Sex _____, Color of Skin _____, Hair Color _____, Approximate: Age _____, Weight _____, Height _____.

Other identifying features: _____

 Mailing a copy, properly sealed and enclosed in a post-paid wrapper by Certified Mail, Return Receipt Requested, in a Post office of the United States Postal Service within the State of New York, addressed to:

(15) Marshal _____

(16) Sworn to me before this _____
day of _____, 20____

(17) _____
Signature of Person Serving Papers

Notary Public