

APPENDIX H

**THE CALIFORNIA STATE UNIVERSITY
PROOF OF SERVICE FORM**

UNIT 4

DIRECTIONS:

A copy of this form shall be appropriately filled out and attached to every filing or response to a request for reconsideration. Use Part 1 and Part 3 for delivery by mail. Use Part 2 and Part 3 for personal delivery.

PART 1: Delivery by U.S. Mail: Proof of Service by Mail

I declare that I am over the age of eighteen years and not a party

to the reconsideration request. My address is:

On _____ (date). I served the attached reconsideration filing or response
by placing a true copy enclosed in a sealed envelope with postage fully prepaid
in the United States mail, addressed as follows:

PART 2: Personal Delivery

I declare that on _____ (date). I personally
delivered the attached reconsideration request filing or
response to:

Name of recipient: _____

at Location: _____.

**PART 3: I declare under penalty of perjury that the foregoing is true and correct and that
this declaration was executed on:**

(Date)

at _____ California
(City)

(Type or print name)

(Signature)