

Form #6
[Alternative #1]*

State of California
County of Tuolumne

I am employed in the County of Tuolumne, State of California. I am over the age of 18 and not a party to the within cause or claim; my business address is:

_____.

I served the foregoing document [name of document; e.g. "Rejection of Claim"] by depositing a true copy thereof in the United States Mails in _____, State of California, on _____, 20____, enclosed in a sealed envelope with the postage thereon fully prepaid, addressed as follows:

_____ [name and address of Claimant or Claimant's attorney].

I declare under penalty of perjury that the foregoing is true and correct.

Executed this [day] of [month], 20____, at _____,

[Type or Print Name]

[Signature]

* Use Alternative #1 only if declarant personally deposits in U.S. mail.

[Alternative #2]

State of California
County of Tuolumne

I am employed in the County of Tuolumne, State of California. I am over the age of 18 and not a party to the above-entitled cause; my business address is:

I am familiar with the practice of [name of public entity or business] for collection and processing of correspondence for mailing with the United States Postal Service. Under that practice, correspondence is deposited with the United States Postal Service the same day it is submitted for mailing.

I served the foregoing document [name of document; e.g. "Rejection of Claim"] by placing a true copy thereof for collection and mailing, in the course of ordinary business practice, with other correspondence, of [name of public entity or business], located at [address of public entity or business], on [date], enclosed in a sealed envelope, with the postage fully prepaid, addressed as follows: _____
[name of Claimant or Claimant's attorney]

[address of Claimant or Claimant's attorney]

I declare under penalty of perjury that the foregoing is true and correct.

Executed this [day]____ of [month]_____, 20____, at _____,
California.

[Type or Print Name]

[Signature]