

TALBOT COUNTY BOARD OF APPEALS

Appellant : Appeal No. _____
:
IN THE CASE OF:

AFFIDAVIT OF SERVICE

I, _____, hereby certify that:
(Full Name)

1. That I am over 18 years of age, competent to testify and not a party to this matter.
2. That on _____, I mailed, via certified mail return-
(Date)
receipt requested, a copy of the Subpoena issued to _____
(Full Name and Address)
3. Attached hereto is the original return receipt showing that the certified letter was
actually received on _____.
(Date)

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature) _____
(Full Name) _____
(Address) _____
(City, State, Zip) _____