

ATTORNEY OR PARTY WITHOUT (Name, State Bar Number, and address): Telephone No.: _____ Fax No. (Optional): _____ ATTORNEY FOR (Name): _____ Bar No.: _____	<i>COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
APPEAL OF (NAME): RESPONDENTS:	
PROOF OF SERVICE NOTICE OF APPEAL (CODE ENFORCEMENT)	CASE NUMBER:

1. At the time of service, I was at least 18 years old and not a party to this action. I served this Notice of Appeal (Code Enforcement) on the agency named below in the manner indicated below:
2. My residence or business address is as follows:

3. Manner of Service (check and complete (a) or (b) below):

(a) **Personal Service.** I personally delivered a true copy of the Notice of Appeal as follows:

Name of Person document left with:	Date of Service	Time of Service:
Address where delivered:		

(b) **First Class Mail.** I am employed in, or a resident of, the county where the notice was mailed. I deposited a true copy of the Notice of Appeal in the United States mail, enclosed in a sealed envelope with prepaid First Class postage as follows:

Date of Mailing:	Place of Mailing (City and State)
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Envelope addressed as follows:

Name:
Address:

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Date

Printed Name:

Signature

**PROOF OF SERVICE
 NOTICE OF APPEAL (CODE ENFORCEMENT)**