RAP-6 – Proof of Service

TLA'AMIN NATION Review and Appeal Law Form RAP-6 PROOF OF SERVICE	Date received: _____ Request number: _____ (for office use only)

DECLARATION

I, _____, served
FULL NAME

_____, with
FULL NAME

_____, by:
DESCRIBE DOCUMENT, INCLUDING REQUEST #

E-mailing it to _____, OR:
E-MAIL ADDRESS

Personally delivering it to _____, at:
NAME

_____, OR:
ADDRESS

Mailing it to _____.
ADDRESS

on _____, at approximately _____ .
DATE TIME

I declare that, to the best of my belief, the information set out in this form is correct, and I make this declaration conscientiously believing it to be true.

_____ _____
SIGNATURE DATE

_____ _____
WITNESS FULL NAME (PLEASE PRINT) WITNESS SIGNATURE