CERTIFICATE OF SERVICE

The undersigned hereby certifies that true and correct copies of the foregoing document were, this day, served upon the following individuals by U.S. Mail and/or e-mail and addressed as follows:

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Name of County Attorney

_____
Mailing Address

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Mailing Address

_____
City *State* *Zip Code*

_____
Phone Number

_____
E-mail Address (optional)

Dated this _____ day of _____, 20____.
(date) *(month)* *(year)*

_____
(your signature)

_____
(print your name)