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TENANT(S): _____ DATE: _____

ADDRESS: _____ UNIT: _____

CITY: _____ STATE: _____ ZIP: _____

(A.11)

(Address)

on _____ between the hours of _____ and _____.

Method of Service:

Personal Delivery

Left at usual place of abode w/family member over age 14

Affixed to the dwelling in a conspicuous location and within one day mailing by _____