

Form D

AFFIDAVIT OF PERSONAL SERVICE

STATE OF NEW YORK)

ss.:

COUNTY OF)

_____ *(name of deliverer)*, being duly sworn, deposes and says that he/she is over the age of eighteen years and is not a party in this proceeding; that on the _____ *(date)* day of _____ *(month/year)*, at _____ *(street address)*, in the town of _____, county of _____, State of New York, he/she served the annexed _____ *(notice, petition, and memorandum in support of petitioner or answer)* on _____ *(school district's name)* by delivering to and leaving with said _____ *(receiver of papers)* at said time and place a true copy thereof.

Deponent further says he/she knew the person so served to be the said _____ *(receiver of papers)*, who is _____ *(position of receiver)* in said district.

(signature)

Subscribed and sworn to before me
this _____ *(date)* day of _____ *(Month and Year)*.

(Notary Public)