Form F*

*Do not use Form F for proof of service of the request for review. The request for review must be personally served (see Form E). Form F may be used for proof of service for all papers served after the request for review.

AFFIDAVIT OF SERVICE BY MAIL

STATE OF N	NEW YORK					
COUNTY O	F	ss.:				
		, being o	duly sworr	n, deposes an	d says that o	n the
(name of	person serving pap	pers)				(day)
	, 20, depo	onent served the a	annexed			on
(month)				(type of p	aper served)	
		, located at				_, the address
(school district's name)				(mailing ad	dress)	
designated by	y for that purpose, by (<i>Choose One</i>):					
	(school dis	strict's name)				
	depositing a tr	rue copy of the afo	oresaid do	cument(s), en	closed in a p	ostage-paid
	properly addre	essed envelope, in	n a post off	ice or officia	l depository	(post box)
	under the excl	usive care and cu	stody of th	ne United Star	tes Postal Se	rvice.
OR						
	depositing a tr	rue copy of the afo	oresaid do	cument(s), en	closed in a p	roperly
	addressed wra	pper, with an ove	ernight deli	very service,	prior to the	atest time
	designated by	the overnight del	ivery servi	ce for overni	ght delivery.	
						(Signature
Subscribed as	nd sworn to befo	ore me this				(213.11.11.10)
day	of	_, 20				
(Signature ar	nd title of officer	<u> </u>				