Form E

AFFIDAVIT OF PERSONAL SERVICE

STATE OF NEW	YORK				
COUNTY OF		_ ss.:			
		, being duly	sworn, depos	ses and say	ys that on the
(name of person se	erving papers)				(day)
of(<i>month</i>)	_, 20, at	, in the town of (street address)			
(town)		, county of _	(county)	_, State of	f New York, (he/she)
served the annexed	d	an an game of	on	(saha	ool district's name)
by delivering to an place a true copy t	nd leaving with				
Deponent further s	-	-		the said	(receiver of papers)
(<i>pe</i>	osition/title of receiver	·)	ild district.		
					(Signature)
Subscribed and sw	orn to before me	his			
day of	, 20				

(Signature and title of officer)