

**APPENDIX H**

**THE CALIFORNIA STATE UNIVERSITY  
PROOF OF SERVICE FORM - RECONSIDERATION PROCEDURE  
UNIT 4**

**DIRECTIONS:**

A copy of this form shall be appropriately filled out and attached to every filing or response to a request for reconsideration. Use Part 1 and Part 3 for delivery by mail. Use Part 2 and Part 3 for personal delivery.

**PART 1:     Delivery by U.S. Mail: Proof of Service by Mail**

I declare that I am over the age of eighteen years and not a party to

the reconsideration request. My address is:

On \_\_\_\_\_(date). I served the attached reconsideration filing or response by placing a true copy enclosed in a sealed envelope with postage fully prepaid in the United States mail, addressed as follows:

**PART 2:     Personal Delivery**

I declare that on \_\_\_\_\_ (date). I personally delivered the attached reconsideration request filing or response to:

Name of recipient: \_\_\_\_\_ at

Location: \_\_\_\_\_.

**PART 3:** I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on:

\_\_\_\_\_ at \_\_\_\_\_ California  
(Date) (City)

\_\_\_\_\_ \_\_\_\_\_  
(Type or print name) (Signature)

(Revised 2001)