

**AFFIDAVIT OF SERVICE**

Name of Appellant/Applicant: \_\_\_\_\_

My name is \_\_\_\_\_ (name of person swearing/affirming Affidavit).

I live in \_\_\_\_\_ (municipality).

**I SOLEMNLY SWEAR OR AFFIRM THAT THE FOLLOWING IS TRUE:**

1. I served (name of party served) \_\_\_\_\_  
on (date) \_\_\_\_\_ at (address) \_\_\_\_\_  
\_\_\_\_\_ with the following

document(s) (check and initial all that apply):

- POA Notice of Appeal
- Schedule 1 (Explaining Grounds for Appeal)
- Certificate of Clerk as to Transcript of Evidence (Form 2)
- Schedule 2 (Application to Extend Time to Appeal)
- Schedule 3 (Application to File Appeal Without Paying the Fine)
- Schedule 4 (Application for Stay Pending Appeal)
- Schedule 5 (Motion to Restore POA Appeal)
- Transcripts of proceeding appealed from
- Other (specify): \_\_\_\_\_

2. I served the document(s) referred to in paragraph 1 (check and initial method used):

- Personally at the office of the party named herein by leaving a copy with (person's name and position) \_\_\_\_\_ who  
\_\_\_\_\_ appeared to be in control or management of the office.
- By  registered mail or  courier, a copy of the signed delivery confirmation being attached hereto.
- By fax, a copy of the accepted fax transmission sheet being attached hereto.

Sworn/Affirmed before me at (municipality) \_\_\_\_\_

In the (region, county or district) \_\_\_\_\_, of  
\_\_\_\_\_, Ontario this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Commissioner

\_\_\_\_\_  
Printed name of Commissioner

\_\_\_\_\_  
Signature of Affiant

(This Affidavit shall be signed in front of a lawyer,  
justice of the peace, notary public, or commissioner  
for taking affidavits)