

State of Michigan
Civil Service Commission
EMPLOYMENT RELATIONS BOARD
400 South Pine Street, Suite 102, Lansing, Michigan 48913
or P.O. Box 30002, Lansing, Michigan 48909
TELEPHONE: (517) 335-5588
FAX: (517) 335-2884
E-MAIL: MDCS-ERB@michigan.gov

INSTRUCTIONS: Attach this form to all documents filed with the Board to certify that you have also sent copies to the other parties. Use additional pages if necessary. You must provide a copy of the proof of service to the Board, but do not need to provide a copy to the party being served.

PROOF OF SERVICE TO OTHER PARTIES

CASE NAME	
DECISION NUMBER	REFERENCE NUMBER

PARTIES SERVED	DELIVERY METHOD USED
NAME AND ADDRESS	<input type="checkbox"/> Personal Delivery <input type="checkbox"/> First Class U.S. Postal Service <input type="checkbox"/> Overnight Mail Service <input type="checkbox"/> Interdepartmental Mail <input type="checkbox"/> Certified U.S. Postal Service: Receipt No. _____ <input type="checkbox"/> Other: _____
NAME AND ADDRESS	<input type="checkbox"/> Personal Delivery <input type="checkbox"/> First Class U.S. Postal Service <input type="checkbox"/> Overnight Mail Service <input type="checkbox"/> Interdepartmental Mail <input type="checkbox"/> Certified U.S. Postal Service: Receipt No. _____ <input type="checkbox"/> Other: _____
NAME AND ADDRESS	<input type="checkbox"/> Personal Delivery <input type="checkbox"/> First Class U.S. Postal Service <input type="checkbox"/> Overnight Mail Service <input type="checkbox"/> Interdepartmental Mail <input type="checkbox"/> Certified U.S. Postal Service: Receipt No. _____ <input type="checkbox"/> Other: _____

DOCUMENTS SERVED
I, _____, certify that on _____, I served all parties or their representative(s) of record, at the address(es) shown above, with a copy of the following documents:
1.
2.
3.
4.

SIGNATURE AND MAILING ADDRESS OF FILING PARTY		
SIGNATURE	DATE	
NAME (PLEASE PRINT)	STREET ADDRESS	
CITY	STATE	ZIP