

STATE OF MICHIGAN
STATE TENURE COMMISSION

_____, Appellant
[Name of teacher]

v

Docket No. _____
[if available]

_____, Appellee
[Name of school district]

PROOF OF SERVICE

I hereby state that, on _____,
[date of delivery]

I delivered a copy of this proof of service and _____
[title of each document delivered]

to: _____

[name and address of each person or entity to whom documents were delivered]

by: [check as applicable]

_____ First class mail

_____ Personal delivery to _____
[name of person to whom delivery was made]

_____ Electronic submission via _____
[method of electronic submission]

I declare that the statements above are true to the best of my information,
knowledge, and belief.

Date: _____

Signed: _____

Name _____

Address _____

Telephone number _____

Email address _____

Facsimile number (if available) _____