S A M P L E F O R M

STATE OF DELAWARE

PUBLIC EMPLOYMENT RELATIONS BOARD

Party Name	)	
	)	
v.	)	PERB Case No. _____
	)	
Party Name	)	

CERTIFICATE OF SERVICE

PLEASE TAKE NOTICE that the undersigned certifies that one copy of the [name the document being served, i.e., Unfair Labor Practice Charge, Answer, Petition, Motion] was served on [name the party/individuals served], on (date) [_____] via [name method of service: First Class U.S. Mail, Postage Prepaid, Hand Delivery etc.].

[List the **NAMES** and **ADDRESSES** of individuals served]

_____
Your Name
Address
Telephone Number

DATED: _____