

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:
E-mail:

DATED: _____