Print Form

State of California

Agricultural Labor Relations Board

Proof of Service of Unfair Labor Practice Charge

Instructions: N/A

Do not write in this space

Case No. _____

Date Filed: _____

I served a completed and signed copy of the Unfair Labor Practice Charge upon

Name

Title

at:

Addr

City State Zip

☐ by personally delivering the charge to the named person at the address specified above on

Date: Time:

or alternatively,

☐ by mailing said documents, by a method that includes a return receipt, to the named person at the following address:

Addr

City State Zip

The return receipt is (check one):

☐ Attached

☐ Will be provided upon receipt

Declaration

I declare under penalty of perjury that the foregoing is true and correct.

By: _____ **Date:** _____

Signature of Representative Filing Proof of Service

Name

Title

Addr Phone

City State Zip Fax

Email

Print Form