# District Court of Washington, County of Douglas County Washington

| | |
|---|---|
| _____<br>Plaintiff,<br>vs.<br>_____<br>Defendant. | No. _____<br>**CERTIFICATE OF SERVICE** |

I, *(Name)* _____ declare that I am not the plaintiff, defendant, or a witness, and I served the *Notice of Small Claim* on:

| **Name of Defendant** | **Address Where Served** | **Date of Service** |
|---|---|---|
| _____ | _____ | _____ |

[ ] Defendant is a LLC, corporation, or other business entity.

**Title and Name of Person Served**

_____

By:

**[ ] PERSONAL SERVICE**

I served the above by delivering a true copy to the defendant personally in _____ County, State of Washington at the above address.

**[ ] SUBSTITUTE SERVICE**

I served the above by delivering a true copy to the defendant's usual place of abode as listed above in _____ County, State of Washington, and leaving it with a person over 12 years of age residing there, as follows:

| **Name of Person Receiving a Copy** | **Date of Service** |
|---|---|
| _____ | _____ |

**[ ] SERVICE BY MAIL** (Attach to this form both the postal receipt and the return receipt signed by the defendant.)

I served the Notice by depositing in the United States Post Office in _____ County, State of Washington, a true copy of the Notice enclosed in a sealed envelope having adequate postage and sent Certified or Registered Mail, Restricted Delivery, Return Receipt Requested, as follows:

| **Address of Post Office** | **Date Mailed** | **Addressed to (Name of Defendant):** |
|---|---|---|
| _____ | _____ | _____ |

**Mailing Address of Defendant**

_____

I declare under penalty of perjury that the foregoing is true and correct and that I was, at the time of service of the above notice(s), a resident of the State of Washington over the age of 18 years and not a party to the above-numbered claim.

DATED: _____ _____
Signature of Server

Server's Phone No._____ _____
Address of Server