## Oregon Employment Relations Board – Proof of Service

Name of Case: _	
Case No.:	Administrative Law Judge:
Name of Party S	erving Documents:
Attorney for Par	ty Serving Documents:
On [Date]:	, I served the following document(s):
	erson(s): [You must serve every other party in the case. If a party is represented by an attorney, serve each party, provide the name and contact information of the person that you served.]
Name of person	served:
Organization or	firm name:
Street Address:	
City:	State: Zip Code:
Email Address:*	Fax:**
*Required if served electronically. **Required if served by facsimile.	
Name of person served:	
Organization or firm name:	
Street Address:	
	State: Zip Code:
Email Address:*	Fax:**
*Required if served electronically. **Required if served by facsimile.	
Method of Service [Check all that apply]:	
	Personal Service: I personally delivered the document(s) to the person(s) listed above.
Ву	v U.S. Mail: I mailed the document(s) via the United States Postal Service to the person(s) listed above, envelope(s) addressed, sealed, and first-class postage fully prepaid.
	Overnight Delivery: I sent the document(s) via an overnight delivery carrier to the person(s) listed love, in envelope(s) addressed, sealed, and delivery postage fully prepaid.
Ву	Facsimile: I faxed the document(s) to the person(s) listed above.
Ву	Electronic Mail: I emailed the document(s) to the person(s) listed above.
I certify that the contents of this form are true and correct to the best of my knowledge, and that this form was completed on the date below:	

Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_