APPELLANT (NAME AND ADDRESS):	TELEPHONE NO.:	FOR COURT USE ONLY
711 222 111 (14 1112 712 27 12 25).	TEEL HONE NO.	, on occin cost one.
SUPERIOR COURT OF CALIFORNIA, COUNTY STREET ADDRESS:	OF SANTA BARBARA	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
ISSUING AGENCY (NAME AND ADDRESS):		
PROOF OF SERVIC		CASE NUMBER:
NOTICE OF APPEAL - PAI	RKING	
PROOF	OF SERVICE BY M	AIL
I hereby certify that I have served a co		
in a sealed envelope addressed to the		
depositing the envelope in the United Sta	tes mail with the Postag	e rully prepald.
Date of Mailing:		
-		
City of Mailing:		
Address of Issuing Agency:	Person Ser	Ving (name, address, telephone number):
I declare under penalty of perjury under the and correct.	ne laws of the State of C	alifornia that the foregoing is true
and correct.		
Dated:		
type or print name		Signature of Declarant

Insert Case Name:	CASE NUMBER:

## PROOF OF SERVICE - PERSONAL DELIVERY

I hereby certify that I have served the Notice of Appeal – Parking by personally delivering a copy to the Issuing Agency, whose agent for service is listed below.

Person served:	, Authorized Agent for Service
Delivered on(date)	at
Address of Issuing Agency:	Person Serving (name, address, telephone number)
I declare under penalty of periury under	the laws of the State of California that the foregoing is
true and correct.	the laws of the state of Samonna that the foregoing is
Dated:	_
type or print name	Signature of Declarant