AFFIDAVIT OF SERVICE

Fill in:
your name and address;

I name _____ occupation _____

of address _____

☐ **Make oath and say that:**

☐ **Solemnly affirm that:**

the name of the party or other person served;

I served _____

the date service took place

on _____
date

the address or location service took place.

at _____

Tell what was served. Check appropriate box.

with
- ☐ a copy of the "Summons to a Payment Hearing" attached.
- ☐ a copy to the "Summons to a Default Hearing" attached.
- ☐ _____

Tell how service took place

by
- ☐ leaving a copy of it with him or her.
- ☐ as directed by the court by _____

Do not sign your affidavit until a commissioner for the taking affidavits is present.

signature of person who served the document

Sworn/affirmed before me on

A commissioner for the taking of affidavits will witness your signature

date

at

location where affidavit is sworn

signature of commissioner for taking affidavits for British Columbia

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