

**BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS
STATE OF WASHINGTON**

IN RE: _____ **DOCKET NO.** _____

**DECLARATION OF SERVICE
[WAC 263-12-01501(6)]**

I declare:

My name is: _____ and I am competent to be a witness in this appeal.

I served the following (list documents):

On (enter party name): _____

By mail on (enter date): _____

First class or certified mail deposited postage prepaid to:

Address: _____

By email on (enter date): _____

Email address: _____

per written email service agreement dated: _____

By hand delivery on (enter date): _____

Address: _____

On (enter party name): _____

By mail on (enter date): _____

First class or certified mail deposited postage prepaid to:

Address: _____

By email on (enter date): _____

Email address: _____

per written email service agreement dated: _____

By hand delivery on (enter date): _____

Address: _____

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On the Board of Industrial Insurance Appeals by:

Mail on (enter date): _____

First class or certified mail deposited postage prepaid to:

Address: _____

Efile on (enter date): _____

I declare under penalty of perjury under the laws of the state of Washington that the statements made on this form are true.

Dated: _____ Print Name: _____

Signature: _____

WSBA No. (attorneys only): _____