

Means of service:
(For each addressee,
Enter A-E as appropriate)

Date:

Addressee and Address:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When report addresses PD:

_____ Disability Evaluation Unit, DWC, _____

I declare under penalty of perjury under the laws of California that the foregoing is true and correct.

Date Signed: _____

(Signature of Declarant)

(Print Name)