Print Form

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON

Petitioner/Complainant/Filing Party v. Respondent/Responding Party	Case Number CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)* _____
on all parties or their counsel of record on _____

To:	Name Organization Address City, State, ZIP Email Fax	☐ E-mail ☐ Fax ☐ Hand Delivery	☐ First Class U.S. Mail ☐ Certified U.S. Mail ☐ Registered U.S. Mail
	Name Organization Address City, State, ZIP Email Fax	☐ E-mail ☐ Fax ☐ Hand Delivery	☐ First Class U.S. Mail ☐ Certified U.S. Mail ☐ Registered U.S. Mail
	Name Organization Address City, State, ZIP Email Fax	☐ E-mail ☐ Fax ☐ Hand Delivery	☐ First Class U.S. Mail ☐ Certified U.S. Mail ☐ Registered U.S. Mail

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted _____ Print Name _____

Signature _____