

MIDVALE JUSTICE COURT
 7505 S HOLDEN STREET, MIDVALE, UT 84047
 Phone: 801-255-4234 / Fax: 801-567-1696 / www.midvalecity.org

Name _____, Plaintiff)
 Street Address _____) **SMALL CLAIMS**
 City, State, ZIP _____) **CERTIFICATE OF SERVICE**
 vs.) (document title)
 Name _____, Defendant)
 Street Address _____)
 City, State, ZIP _____) **Case No.** _____

I certify that I served a copy of (document title) on the following people. I declare under criminal penalty of Utah Code Section 78B-5-705 that this Certificate of Service is true and correct.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Midvale Justice Court	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	7505 S Holden Street Midvale, UT 84047	

Date _____ Sign here ► _____
 Typed or printed name _____