

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
Office Street Address  
City, CA Zip  
Telephone Number

## DECLARATION OF SERVICE

On \_\_\_\_\_, the \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, I, \_\_\_\_\_,

served the attached Citation and Notification of Penalty, on

\_\_\_\_\_  
(Name of Employer)

by giving the original and a copy of it to \_\_\_\_\_  
(Employer or Employer Representative)

at \_\_\_\_\_  
(Street Address, City, CA ZIP)

I declare under penalty of perjury that the above Declaration is correct to the best of my knowledge and belief.

\_\_\_\_\_  
DATE SIGNATURE

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
Region District Inspection No. Engineer/IH ID No. Cal/OSHA Rpt No. Fiscal Year