

State of Minnesota

District Court

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: <u>Other Civil</u>

Petitioner (first, middle, last)

vs.

Affidavit of Service

Commissioner of Public Safety

Respondent

I, _____, state that I am at least 18 years of age
(Name of person who mailed documents)

having been born on _____, and that on _____ I served the
(date) (date)

attached documents: *Petition for Court Hearing for Reinstatement of Driver's License* upon the Commissioner of Public Safety, the respondent in this action, by mailing a true and correct copy of the documents by first class U.S. mail addressed as follows:

Minnesota Attorney General
Commissioner of Public Safety
445 Minnesota Street, Suite 1800
St. Paul, MN 55101

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

County and State where signed

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____