



42 Broadway
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New York, NY 10004

Dial 311
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nyc.gov/consumers

PROCESS SERVING AGENCY COMPLIANCE PLAN AFFIRMATION

| | |
|--|--|
| Process Serving Agency Name: | |
| Process Serving Agency's DCA License Number (if applicable): | |
| Business Address: | |

I affirm the following:

1. I am authorized to complete and submit this affirmation on behalf of the Process Serving Agency named above.
2. The Process Serving Agency named above has adopted a written Compliance Plan to ensure that each individual serving process on behalf of the Agency acts with integrity and honesty and complies with the record-keeping requirements applicable to process servers. *(Section 2-234a (c) of Title 6 of the Rules of the City of New York)*
3. I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Print Name

Title (if any)

Date