

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On January 23, 2013, I served the:

Claimant Comments

County Formation Cost Recovery, 06-TC-02
Government Code Sections 23300 et al.
County of Santa Barbara, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on January 23, 2013 at Sacramento, California.



Lorenzo Duran
Commission on State Mandates
980 9th Street, Suite 300
Sacramento, CA 95814

Commission on State Mandates

Original List Date: 10/20/2006
Last Updated: 11/14/2012
List Print Date: 11/14/2012
Claim Number: 06-TC-02
Issue: County Formation Cost Recovery

Mailing List

TO ALL PARTIES AND INTERESTED PARTIES:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.2.)

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