**RETURN OF SERVICE**

**OF**

**CDC ORDER, DECLARATION FORM IN ENGLISH/SPANISH, AND DOLA LETTER**

I certify that I served a true copy of **The Center for Disease Control and Prevention’s (CDC) Temporary Halt in Residential Evictions to Prevent the Further Spread of COVID-19, 85 FR 55292, effective September 4th, 2020** and **CDC Declaration Form in both English and Spanish, and DOLA Cover Letter** on \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (date), in the County of **Denver**, Colorado as follows:

By Hand delivery to:  Tenant  Other Occupant  Tenant family member over age 15 residing on or in charge of the Premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[*address*]

Name if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check if name unknown.

**-or-**

By Posting: No person was found at the Premises when service was attempted-I posted in a conspicuous place on the Premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[*address*]

**-or-**

By Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-or-**

By Email to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| By:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(Signature)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(Print name)* |