

**City of Chicago
COMMISSION ON HUMAN RELATIONS**

IN THE MATTER OF:

Complainant

v.

Respondent(s)

Case Number _____

NOTICE OF FILING & CERTIFICATE OF SERVICE

Document(s) filed

Name of each party filing the document(s)

Certificate of Service

I certify that I served a copy of the document(s) listed above on each person listed below, directed to the address or fax number stated below, by the following method of service:

- ___ I put a copy in a U.S. mailbox with postage prepaid on _____ (date).
- ___ I sent a copy by fax at or about _____ (time) on _____ (date).
- ___ I personally delivered a copy on _____ (date).
- ___ Other delivery method and date: _____

Name and delivery address of each person served

Signature and contact information of the person causing service:

Signature _____ Printed name, title, organization, address: _____
Date signed _____ _____

File original and one copy at **Chicago Commission on Human Relations**
740 N. Sedgwick, 3rd Floor, Chicago, IL 60654
Fax 312-744-1081, Phone 312-744-4111, TTY 312-744-1088