

CERTIFICATE OF SERVICE
ADMINISTRATION COMMISSION
STATE OF FLORIDA

I hereby certify that a copy of this Petition was delivered to **(Name, Mayor/Chairperson of the City Council/Board)** or **(Name, Clerk of the Circuit Court)** of _____ County, Florida, this ____ day of _____, 202__, by (hand/mail/email).

[State Attorney for the ____ Judicial Circuit of Florida in _____ County
OR member of the city council/board for _____, Florida.]