

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Law Offices of Quintanilla & Associates Lisa Weaver-Nowak, Esq. SBN 320204 777 E Tahquitz Canyon Way 200-41 Palm Springs, CA 92262 TELEPHONE NO.: (760) 993-3702 FAX NO. (Optional) ATTORNEY FOR (Name) Petitioner	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 3255 E. Tahquitz Canyon Way CITY AND ZIP CODE: Palm Springs, 92262 BRANCH NAME: Riverside County Superior Court- Palm Springs	
PLAINTIFF / PETITIONER: City of Rancho Mirage DEFENDANT / RESPONDENT: Laura Meeks	CASE NUMBER: CVPS 2302439
PROOF OF SERVICE—CIVIL	

1. At the time of service I was over 18 years of age and not a party to this action.
2. I served the following documents (*specify*):
 Petition to Determine if Dog is Potentially Dangerous; Civil Case Cover Sheet; Certificate of Counsel; Notice of Department Assignment; Notice of Hearing (Small Claims) (To: Lisa Weaver-Nowak); Notice of Hearing (Small Claims) (To: City of Rancho Mirage); Notice of Hearing (Small Claims) (To: Laura Meeks); Alternative Dispute Resolution Information Package
3. I served the documents on the person or persons below, as follows:
 - a. Name of party served: Laura Meeks
 - b. Name of person served if different than party in 3a:
 - c. On (date): May 27, 2023
 - d. Time of service: 4:59 pm
 - e. Address of service: 70321 Frank Sinatra Dr., Rancho Mirage, CA 92270
4. The documents were served by the following means (*specify*):
 - a. ☒ By personal service. I personally delivered the document(s) to the person(s) at the address(es) listed in item 3e.
 - b. ☐ By substitute service. I left the document(s) listed in item 2 with or in the presence of (name and title or relationship to person in item 3a.)
 - c. ☐ By United States mail. I enclosed the document(s) in a sealed envelope or package addressed to the person(s) at the address(es) listed in 3a and placed the envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at (city and state):
 - d. ☐ By fax transmission. Based on an agreement of the party(ies) to accept service by fax transmission, I faxed the document(s) to the person(s) at the fax number(s) listed below. No error was reported by the fax machine that I used. A copy of the record of the fax transmission, which I printed out, is attached.
 - (1) Fax number where person was served:
 - e. ☐ By electronic service. Based on a court order or an agreement of the party(ies) to accept electronic service, I caused the document(s) to be sent to the person(s) at the electronic service address(es) listed below:
 - (1) Electronic service address where person was served:
 - f. ☐ By other means:
5. Person serving:
 - a. ☐ Not a registered California process server
 - b. ☒ Registered California process server.
 County and Registration:
 San Bernardino 1291
 - c. ☐ Exempt from registration under Business and Professions Code section 22350(b).
 - d. Address: 4651 Brookhollow Cir. Ste. C, Riverside, CA 92509
 Phone Number: 951-353-8281

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 5/30/2023

Sean Dacey

(TYPE OR PRINT NAME OF DECLARANT)

Sean Dacey

(SIGNATURE)