STATE OF NEW MEXICO

PUBLIC EMPLOYEE LABOR RELATIONS BOARD

2929 Coors N.W., Suite 303

Albuquerque, NM 87120

(505) 831-5422 Telephone

(505) 831-8820 Facsimile

**SUBPOENA**

[COMPLAINANT],

-v- PELRB No: [XXX-XX]

[RESPONDENT]

**TO: [NAME and ADDRESS]**

**PLACE OF TESTIMONY** | **DATE AND TIME** |

PUBLIC EMPLOYEE LABOR RELATIONS BOARD |

2929 Coors N.W., Suite 303 |

Albuquerque, NM 87120 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ISSUING AUTHORITY**

ISSUING OFFICER’S SIGNATURE | DATE

|

|

ISSUING OFFICER’S NAME, ADDRESS AND PHONE NUMBER

NAME/TITLE: Pilar Vaile, Executive Director

2929 Coors Blvd. N.W., Suite 303, Albuquerque, NM 87120, (505) 831-5422

**PROOF OF SERVICE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE SERVED PLACE SERVED (Physical or mailing address, or facsimile number, as appropriate)

SERVED ON (PRINT NAME) MANNER OF SERVICE

(Circle one)

Hand Delivery

Mail Delivery

Fax Delivery

SERVED BY (PRINT NAME) TITLE

**DECLARATION OF SERVER**

I declare under penalty of perjury of the laws of the State of New Mexico that the foregoing information contained in the Proof of Service is true and correct.

Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE OF SERVER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF SERVER