STATE OF ILLINOIS
HUMAN RIGHTS COMMISSION

IN THE MATTER OF:)

_____)
Complainant,)

v.)

_____)
Respondent.)

Charge No.: _____
EEOC / HUD No.: _____
ALS No.: _____

CERTIFICATE OF SERVICE

1. I certify under penalty of perjury that I sent a copy of the following document:

2. To:

_____ *Name*	_____ *Name*
_____ *Street Address*	_____ *Street Address*
_____ *City* *State* *Zip*	_____ *City* *State* *Zip*
_____ *Email Address*	_____ *Email Address*

3. By (check one): ☐ Email
☐ First-Class Mail
☐ Personal Hand Delivery

4. On: _____
Date

/s/ _____
Your Signature

Printed Name: _____

Law Firm Name: _____

Attorney for ☐ Complainant or ☐ Respondent

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email Address: _____