STATE OF ILLINOIS
HUMAN RIGHTS COMMISSION

IN THE MATTER OF :	)	
	)	
	)	
Complainant,	)	CHARGE NO (S):
	)	EEOC / HUD NO (S):
	)	ALS NO (S) :
and	)	
	)	
	)	
Respondent.	)	

CERTIFICATE OF SERVICE

I certify under penalty of perjury that I served a copy of the attached document upon all parties of record, specifically (write in the name and address of the attorney or attorneys for the other party or parties):

By hand delivery / placing a copy in the U.S. mail properly addressed and posted for delivery On _____, 20___.

_____
(Signature)

_____
(Print name of party / attorney)

_____
(Address)

_____
(City, State & Zip code)

_____
(Phone Number)