

SUBPOENA

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF LABOR RELATIONS

To

You are hereby required to appear before the Division of Labor Relations of the Commonwealth of Massachusetts, 19 Staniford Street, 1st Floor _____ *in the City of* _____ *on the* _____ *day of* _____, _____, *at* _____ *o'clock* _____ *m. of that day, and from day to day thereafter until the case is concluded, to testify in the matter of* _____

Fail not at your peril.

In testimony whereof, the seal of the Divison of Labor Relations of the Commonwealth of Massachusetts is affixed hereto, and the undersigned, an agent of said Division of Labor Relations, has here-unto set his/her hand at _____ this _____ day of _____, _____.

Subpoena requested by:

RETURN OF SERVICE

I hereby certify that, being a person over 21 years of age, I duly served a copy of the within subpoena.

(INDICATE BY
CHECK ✓ METHOD
USED)

in person
by registered of certified mail
by leaving copy at principal
office of place of business,
to wit:

on the person named herein on _____

(MONTH, DAY, AND YEAR)

(NAME OF PERSON MAKING SERVICE)

(OFFICIAL TITLE, IF ANY)

I certify that the person named herein was in attendance as a witness at _____

on _____
(MONTH, DAY OR DAYS, AND YEAR)

(NAME OF PERSON CERTIFYING)

(OFFICIAL TITLE)