CERTIFICATE OF TRUE COPY - PETITIONS

State of Wisconsin)
)ss
_____ County)

I, _____, clerk of the _____ School District, hereby certify that I have carefully compared the attached copy of the petition to alter school district boundaries made and filed by _____ on _____, 20 _____, with the original which is now on file in the district office of _____ School District as required by law. I further certify that the same is a true and correct copy of said original.

Signed this _____ day of _____, 20 _____.

_____, Clerk
_____ School District

NOTE: The original Petition to Alter School District Boundaries and the original of all other documents should be kept on file in the school district office.

This certificate should be attached to a copy of the petition and mailed to:

Secretary, School District Boundary Appeal Board
Department of Public Instruction
P.O. Box 7841
Madison, WI 53707-7841