

CERTIFICATE OF TRUE COPY

State of Wisconsin)
)ss
_____ County)

I, _____, secretary of the meeting of the _____ School District, following a school board vote for the purpose of issuing an order, hereby certify that I have carefully compared the attached copy of the:

- Order Altering School District Boundaries
- Order of Denial
(check one)

made and filed by said school board 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 Order Altering School District Boundaries or Order of Denial 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 Order Altering School District Boundaries or the Order of Denial and mailed to:

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