

**CERTIFICATE OF TRUE COPY**  
School Board Resolution

State of Wisconsin )  
 )ss  
\_\_\_\_\_ County )

I, \_\_\_\_\_, secretary of the meeting of the \_\_\_\_\_ School District, following a school board vote for the purpose of adopting a resolution, hereby certify that I have carefully compared the attached copy of the:

Resolution Altering School District Boundaries  
 Resolution 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 Resolution Altering School District Boundaries or Resolution 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 Resolution Altering School District Boundaries or the Resolution of Denial and mailed to:

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