
CITY TOWN OR REGIONAL SCHOOL DISTRICT NAME

CODE NUMBER

I hereby certify that all the statements contained in this END OF YEAR REPORT Spreadsheet named _____ are true to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

DATE

SUPERINTENDENT-DIRECTOR SIGNATURE

I hereby certify that all the statements contained in this END OF YEAR REPORT Spreadsheet named _____ are true to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

DATE

CHAIRPERSON-SCHOOL COMMITTEE SIGNATURE

CERTIFICATION BY THE CITY AUDITOR OR OFFICER HAVING
SIMILAR DUTIES IN A CITY OR TOWN
(Not required of Regional School Districts)

I,

NAME

TITLE

in the City (Town) of _____
hereby certify

that the Superintendent's statement, certified to above, is correct to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

DATE

SIGNATURE

PLEASE LIST THE NAME, TITLE, TELEPHONE NUMBER, FAX NUMBER AND E-MAIL ADDRESS OF THE PERSON PREPARING THIS REPORT.

NAME

TITLE

Telephone # _____

Fax # _____

E-mail _____