

CERTIFICATION STATEMENT

Hamilton-Wenham Regional School District (0675)
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 17eoy675 are true to the best of my knowledge and belief. A true statement, made under the penalties of perjury.

10/5/17 _____
DATE SUPERINTENDENT-DIRECTOR SIGNATURE

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

10/5/17 _____
DATE SCHOOL COMMITTEE CHAIRPERSON-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.

Vincent Leone Director of Accounting & Payroll
NAME TITLE

v.leone@hwschools.net (978) 626-0825 (978)-468-7889
Email Telephone Fax #

PLEASE MAIL COMPLETED CERTIFICATION TO:

Aquarius Wise
School Business Services
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden MA 02148-4906