

PRINT ON TOWN LETTERHEAD

Insert Date

Local Election Districts Review Commission
Office of the Secretary of the Commonwealth
c/o Elections Division
One Ashburton Place, Room 1705
Boston, MA 02108

RE: **(CITY OR TOWN) OF** _____ **- 2020 RE-PRECINCTING**
(Name)

We, the undersigned, hereby certify that at a meeting held on *(date)*, the *(Select Board, City Council, Town Council or other approving authority)* voted to accept as presented by the *(Town Clerk/City Councilors)* the 2020 Re-Precincting Plan for the *(Town/City)* of _____ .
(Name)

A true copy. ATTEST:

(Town Clerk/City Clerk)

SIGNED: _____
Name Chairman

Name

Name

Name

Name

Name