

**AFFIDAVIT OF OBJECTION TO REORGANIZATION
REQUEST FOR DISMISSAL OF PETITION**

Type or print

I/We, _____, (_____) _____, residing at
(Name/s of Objector/s) (Daytime Phone Number)

_____, _____, _____, _____,
(Street Address) (Town) (State) (Zip Code)

object to the reorganization of the following school districts (List all districts included in the petition):

_____.

Answer each item:

1. Are you a resident of a district named in the petition? Yes No
If yes, name of district: _____
2. Do you own property in a district named in the petition? Yes No
If yes, name of district: _____
3. I am/We are requesting the area education agency board to dismiss the petition (Check only one).
 - a. Oppose any reorganization election.
 - b. In favor of a reorganization election with the following district(s):

 - c. Want a dissolution commission to be formed.
4. I am/We are requesting dismissal of the petition for the following reasons: IMPORTANT -- The purpose of this form is to collect evidence. Therefore, in order to place the maximum value on each objection form, it is expected that objectors individually complete this portion of the form and not copy a list of reasons supplied in the form of a group petition. (Attach additional pages if necessary).

I/We hereby certify under penalty of perjury and pursuant to the laws of the State of Iowa that the foregoing information is true and correct. (Must be signed by all adult residents/owners).

Signature of resident or owner

Date Signed
