

AFFIDAVIT - Drinking Water Lead Removal Plan

Signatures required: school administrator, the person in charge of finances and all school board members or board of trustees

School Name: _____

SAU #: _____

Project Title: _____

The above reference project was completed in accordance the Drinking Water Lead Removal Plan approved by the New Hampshire Department of Environmental Services and the total costs listed in the Project Completion & Request for Payment Form are truthful and accurate to the best of our knowledge:

School administrator (name and title): _____

Person in charge of finances (name and title): _____

Board members (attach additional signatures if necessary). All board members are required to sign:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTARIZE:
State of New Hampshire
County of _____

Signed and affirmed before me on _____, 2019 that the statement is truthful and accurate to the best of his or her knowledge and belief.

Signature of notary: _____
Name of notary: _____
My commission expires on: _____