REORGANIZATION PLAN SUBMITTAL SHEET

(Each municipality in a School Union must be indicated separately.)

School Administrative Units Included in **APPROVED** Notice of Intent	School Administrative Units Submitting Reorganization Plan

Contact Information:

RPC Chair

Name: _____

Address: _____

_____

_____

Telephone: _____

email: _____

Date Plan Submitted: _____

Proposed RSU Operational Date: _____

Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU
Signature/Title	Date	SAU