

SCHOOL TREASURER'S BONDS

Affidavit of Superintendent, Regional Office of Education (In compliance with ILCS 5/3-8 and ILCS 5/8-2 of the School Code)

Directions: Please complete the affidavit and indicate by check marks in the appropriate column the names of treasurers who are and who are not properly bonded. The affidavit should be mailed by September 1 of each year to the address located above.

_____ attests that he/she is the Superintendent, Regional Office of Education in _____
Name of Superintendent, Regional Office of Education *County Name*

County, Illinois, and that the following named treasurers of the following named school districts or townships under his/her supervision and control are or are not properly bonded, to wit:

DISTRICT NO. OR TWP.	NAME AND ADDRESS OF TREASURER	NAME OF SURETY OR PERSONS PROVIDING BOND	AMOUNT OF BOND	PROPERLY BONDED		LENGTH OF TERM	
				Yes	No	Year Beginning	Year Ending
	Name ----- Address (Street, City, State, Zip Code)			<input type="checkbox"/>	<input type="checkbox"/>		
	Name ----- Address (Street, City, State, Zip Code)			<input type="checkbox"/>	<input type="checkbox"/>		
	Name ----- Address (Street, City, State, Zip Code)			<input type="checkbox"/>	<input type="checkbox"/>		
	Name ----- Address (Street, City, State, Zip Code)			<input type="checkbox"/>	<input type="checkbox"/>		
	Name ----- Address (Street, City, State, Zip Code)			<input type="checkbox"/>	<input type="checkbox"/>		
	Name ----- Address (Street, City, State, Zip Code)			<input type="checkbox"/>	<input type="checkbox"/>		
	Name ----- Address (Street, City, State, Zip Code)			<input type="checkbox"/>	<input type="checkbox"/>		

Dated this _____ day of _____, 20 _____

Original Signature of Superintendent, Regional Office of Education