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## DISTRICT OR AREA BOUNDARY CHANGE FORM

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SUBMITTED BY (NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DISTRICT/GROUP NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

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### REQUESTED CHANGE:

Dissolve the District	
Spilt the District	
Move Group to an Overlay District	
Move Group to Contiguous District	
Move District to a New Area	

Group Conscience Date:	
Total number of GRs:	
Final Vote:	
Votes in Favor:	
Votes Opposed:	

Describe the change:

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State the Minority Opinion: \_\_\_\_\_

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Did the minority have a right to appeal? \_\_\_\_\_

Please state how changing the boundary will improve links of service: \_\_\_\_\_

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Date to make the change: \_\_\_\_\_

Disposition of Assets: \_\_\_\_\_

DR/GR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by the Area Chair:

VAWSC Vote: Date: \_\_\_\_\_ Approved \_\_\_\_\_ Opposed \_\_\_\_\_

Area Assembly Vote: Date: \_\_\_\_\_ Approved \_\_\_\_\_ Opposed \_\_\_\_\_

WSO approval: Date: \_\_\_\_\_ Yes: \_\_\_\_\_ No \_\_\_\_\_

District/Area map changed (date): \_\_\_\_\_ WSO database (date): \_\_\_\_\_

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