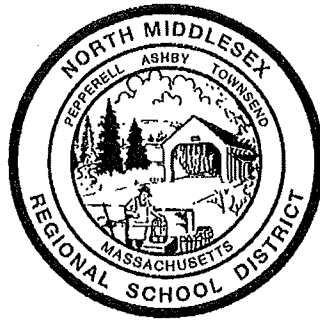


Brad Morgan
Superintendent of Schools
bmorgan@nmrsd.org
Tel. 978-597-8713



Nancy Haines
Business Manager
nhaines@nmrsd.org
Tel. 978-597-8713

February 27, 2025

Kate Stacy, Treasurer
Ashby Town Hall
895 Main Street/#12
Ashby, MA 01431

Dear Ms. Stacy:

Please be advised that on February 26, 2025, the North Middlesex Regional School District Committee voted to adopt the school district's 2025-2026 total budget. The adopted budget is \$67,571,500 with an operating budget of \$58,926,446, transportation budget of \$5,029,162, and debt service of \$3,615,892. In accordance with the provisions of Section 16B of Chapter 71 of the General Laws of Massachusetts, I, as Treasurer of the North Middlesex Regional School District, hereby certify, Ashby's apportioned amounts of money necessary to be raised by Ashby to maintain and operate the District schools during the fiscal year 2025-2026. The amounts required for payment of the debt and interest incurred by the District which will be due in said year is as follows:

Operating Assessment	\$ 4,381,753.00
Transportation Assessment	489,631.00
Debt Assessment	<u>495,990.00</u>
TOTAL	\$ 5,367,374.00

The operating and debt assessment amount is to be paid to the District Treasurer in four installments not later than August 1, November 15, February 15, and May 15.

Ashby's share of the \$3,615,892 debt service amounts to \$495,990.00. Because the debt must be paid by the district on the due date, the district will add a charge of .0329% per day for every day (12% per annum divided by 365 days) that it is late to the balance of any unpaid installment outstanding at the usual close of business beginning with the first day after such payment or portion thereof is late.

Sincerely,

Michael L. Hartnett
N.M.R.S.D. District Treasurer

66 Brookline Street, Townsend, MA 01469 | TEL: 978-597-8713 | EXT. 1200 | FAX: 978-597-6534 | www.nmrsd.org

The North Middlesex Regional School District does not discriminate in admission to, access to, treatment in, or employment in, its services, programs, and activities, on the basis of race, color, national origin, sex, religion, gender identity, sexual orientation, disability, homelessness, or age.

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Please sign, date and return the enclosed copy.

This is to acknowledge receipt of the original of the above-named certification this ____ day of ____ 2025.

Town of Pepperell Treasurer _____