**NOTICE**

Public Servant Name: Claimant:

Title: Address: City, State, Zip

Address: Phone:

City, State, Zip Email:

**Unconstitutional, Unlawful and Illegal Actions:**

**State Code:**

**State Code:**

**Conditions**:

1. Remove masks immediately, cease all unlawful, illegal and unconstitutional discrimination, intimidation, coercion, shaming and bullying.
2. Return \_\_\_\_\_\_\_\_\_\_\_\_\_School District to pre-Covid19 policies and procedures.

**A CLAIM SHALL BE FILED AGAINST YOUR OFFICIAL INDEMNITY BOND IF THESE UNLAWFUL, ILLEGAL AND UNCONSTITUTIONAL MANDATES DO NOT CEASE IMMEDIATELY.**

Official Indemnity Bond amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This official Notice is to inform you that the claimant has provided the above descriptions of the unconstitutional, unlawful and illegal actions that have brought harm, injury and endangerment to the health and safety of my offspring attending school in this district.

If these trespasses do not stop within the allotted time frame, the claimant shall file a claim against your official indemnity bond that is filed with the State. You have up to 5 days after this Official Notice has been delivered to you to stop these unlawful, illegal and unconstitutional mandates throughout the State/School District.