

SOP

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2017 thru 12/31/2019.

Employer: Township of Mount Olive

County: Morris

Date: 8/14/2017

Name: Sherry Kolody
Print Name

Title: Director of Finance/CFO
Sherry Kolody
Signature