

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 1-1-21 thru 12-31-25.

Employer: BOROUGH OF OCEANPORT
County: MONMOUTH
Date: 12-14-21
Name: DONUA M. PHELPS
Print Name
Title: ADMINISTRATOR
Donna M Phelps
Signature