

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 January 1, 2017 thru December 31, 2019.

Employer: City of Summit
County: Union
Date: 10/26/17
Name: Michael F. Rogers
Print Name
Title: City Administrator
Michael F. Rogers
Signature