Certification

I declare to the best of my knowledge and beli	ief that the attach	ed docu	ment(s)	are true	electronic c	opies of th	ie
executed collective negotiations agreement(s)					assessment	of the coll	lective
bargaining agreement for the term beginning	1/1/2018	thru	12/31/	2020			

Employer: Township of Galloway

County: Atlantic

Date: 10/25/2018

Name: Cheryl Prakash

Print Name

Title: Executive Assistant

Cheryl Prakash

Signature