

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 1/1/2023 thru 12/31/2026.

Employer:

Galloway Twp.

County:

Atlantic

Date:

11-7-23

Name:

Cyndi Spinelli

Print Name

Title:

Executive Asst.

Cyndi Spinelli

Signature