

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 1/1/17 thru 12/31/19.

Employer: Township of Hamilton

County: Atlantic

Date: 4/2/17

Name: Dorothy S. Gallagher
Print Name

Title: Chief Financial Officer

Dorothy S. Gallagher
Signature