

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 12/31/2027.

Employer: County of Hudson/Law Dept.

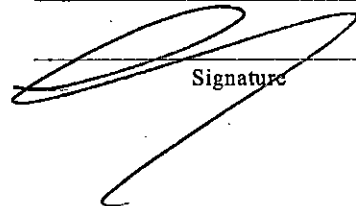
County: Hudson

Date: 4/23/2025

Name: Sean D. Dias

Print Name

Title: Director of Labor Relations


Signature

