Certification

I declare to the best of my knowledge and beli	ief that the attach	ed doci	ument(s) are true electronic copies of the
executed collective negotiations agreement(s)	and the included	summa	ary is an accurate assessment of the collective
bargaining agreement for the term beginning	1/1/2018	thru	12/31/2022

Employer:	Board of Fire Commissioners, Fire District No.1, Township of Lakewood
County:	Ocean
Date:	7/28/2020
Name:	Yehuda Beer
	Print Name
Title:	Fire District Administrator
	ull h
	Signature