

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 01.01.2020 thru 12.31.2023.

Employer: The City of Brigantine
County: Atlantic
Date: 09.14.2021
Name: James Bennett
Print Name
Title: City Manager
Signature