Certification

I declare to the best of my knowledge and beli	ief that the attache	ed docu	ment(s) are true	electronic copies	of the
executed collective negotiations agreement(s)	and the included	summa	ry is an accurate	assessment of the	e collective
bargaining agreement for the term beginning _	1/1/2021	_ thru _	12/31/2025		

Title:

Township of Washington Employer: Warren County: 10/26/2022 Date: Ann Kilduff Name: Print Name Township Clerk

Signature