

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 11/1/2016 thru 12/31/2020.

Employer: Board of Fire Commissioners
FIRE District 2

County: JACKSON

Date: 12/21/2020

Name: LINDA COSSIDINE
Print Name

Title: FINANCE MANAGER
[Signature]
Signature