

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 1/1/2019 thru 12/31/2022.

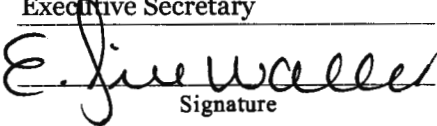
Employer: Washington Township Municipal Utilities Authority

County: Morris

Date: 5/19/2023

Name: E. Jill Waller
Print Name

Title: Executive Secretary


Signature