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 1/1/2023 thru 12/31/2026.

Employer: Bedminster Township

County: Somerset

Date: 12/6/2024

Name: Robin Ray
Print Name

Title: Administrator, Clerk/Registrar

_____
Signature