

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 1/1/24 thru 12/31/28.

Employer: City of Sea Isle City
County: Cape May
Date: 6/28/2024
Name: Shannon Domano
Print Name
Title: Municipal Clerk
[Signature]
Signature