

## 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 1/1/2018 thru 12/31/2020.

Employer: City of Absecon

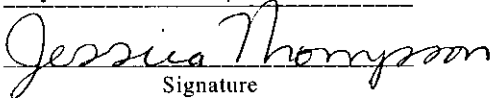
County: Atlantic

Date: 7/3/2019

Name: City of Absecon

Print Name

Title: City Administrator/CFO

  
Signature