

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 1/1/2025 thru 12/31/2028.

Employer: Florence Township

County: Burlington

Date: 1/2/2025

Name: Thomas A. Sahol
Print Name

Title: Township Administrator

Signature