Certification

I declare to the best of my knowledge and beli	ief that the attach	ed docu	ment(s) are true	electronic copies	of the
executed collective negotiations agreement(s)	and the included	summa	ry is an accurate	assessment of the	collective
bargaining agreement for the term beginning	1/1/2020	thru	12/31/2024		

Employer: Two Rivers Water Reclamation Authority

County: Monmouth

Date: 10/4/2024

Name: Michael A. Gianforte

Print Name

Title: Executive Director