

## 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 1/1/2024 thru 12/31/2027.

Employer: Somerset County Park Commission

County: Somerset

Date: 12/19/2024

Name: Maria Luisa Vasquez  
Print Name

Title: HR COORDINATOR  
  
Signature