

**MUNICIPAL/AUTHORITY RESOLUTION**

BE IT RESOLVED by authority of the \_\_\_\_\_  
(Borough Council, Board of Supervisors, etc.)

of the \_\_\_\_\_,  
(Name of Municipality) (Name of County)

County, and it is hereby resolved by authority of the same, that the \_\_\_\_\_  
(Chairman or designated Title)

of said Municipality/Authority be authorized and directed to sign the attached Agreement on its behalf

and the \_\_\_\_\_ be authorized and  
(Sec. or Designated Title)

directed to attest the same.

\_\_\_\_\_  
(Name of Municipality)

ATTEST: \_\_\_\_\_  
(Signature and Title)

BY: \_\_\_\_\_  
(Signature and Title)

(SEAL)

I, \_\_\_\_\_ of the \_\_\_\_\_  
(Name of Authority)

do hereby certify that the foregoing is a true and correct copy of the Resolution adopted

\_\_\_\_\_ at a regular meeting of the \_\_\_\_\_ held the  
(Date)

\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
DATE