

MUNICIPALITY/AUTHORITY RESOLUTION

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

of the Mount Joy Township, Adams County, and it is
(Municipality) (County)

hereby resolved by authority of the same, that the Chairman of
(Chairman or Designated Title)

said Municipality/Authority be authorized and directed to sign the attached Agreement

on its behalf and the Secretary be authorized
(Secretary or Designated Title)

and directed to attest the same.

ATTEST:

Mount Joy Township
(Name of Municipality)

Shari L. Mayer
(Signature and Title) Secretary

BY [Signature]
(Signature and Title) chairman

I, Shari Mayer, Secretary, of the Mount Joy Township Board of Supervisors

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

Resolution #15 of 2024 at a regular meeting of the
Mount Joy Township Board of Supervisors held the 15th day
of August 2024

Date: Aug. 15, 2024 Shari L. Mayer
(Signature and Title) Secretary

(SEAL)