RESOLUTION #61-2016

BE IT RESOLVED, by authority of the Council (Name of governing body) _____ of the Township of Lower Saucon, (Name of Municipality) Northampton County, and it is hereby resolved by authority of the same, that the Council President (designate official title) of said Municipality, Authority be authorized and directed to sign the attached grant on its behalf.

ATTEST

Lower Saucon Township
(Name of Municipality)

_____
(Signature and designation of official title)

Leslie Huhn, Secretary
Print or type above name and title

By: _____
(Signature and designation of official title)

Ronald Horiszny, Council President
Print or type above name and title

(SEAL)

I, Leslie Huhn (Name), Secretary (Official title) of the Council of Lower Saucon Township (Name of governing body or municipality), do hereby certify that the foregoing is a true and correct copy of the Resolution adopted at a regular meeting of the Council of Lower Saucon Township (Name of governing body), held the _____ day of _____, 2016.

DATE: , 2016

_____
(Signature and designation of official title)

Leslie Huhn, Secretary
Print or type above name/title