## **Municipality Certification of Authority**

I,	(Name), hereby certify/attest that I am duly elected
Clerk/Secretary of	(Name of Municipality), New Hampshire. I
hereby certify the following is	a true copy of the resolution adopted during a meeting of the Municipality
Officers, duly called and held	on, 20, at which a quorum of the Municipality
Officers were present and voting	ng.
RESOLVED: That	(Name and Title of Official
Signing the Agreemen	t) is duly authorized to enter into contracts or agreements on behalf
of	(Name of Municipality) with the State of New
Hampshire, acting by	and through the Department of Natural and Cultural Resources, and
is further authorized to	execute any documents on behalf of this Municipality which may
be in his/her judgemer	at desirable or necessary to effect the purpose of this resolution.
	oing resolution has not been amended or repealed and remains in full force, 20 I further certify that it is understood that the State of New
	ertificate as evidence that the person listed above currently occupies the
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•	ey have full authority to bind the Municipality. This authority remains
valid for thirty (30) days from	n the date of this certificate.
DATED:	
	(Secretary/Clerk Signature Completing this Certificate)