**I,** , **hereby certify** that I am duly elected Clerk/Secretary of

*(Name)*

 . I hereby certify the following is a true copy of a vote taken at

*(Name of* *Municipality)*

a meeting of the Board of Directors, duly called and held on , 20 ,

at which a quorum of the Directors were present and voting.

**Voted:** That (may list more than one person) is

*(Name and Title)*

duly authorized to enter into contracts or agreements on behalf of

 with the State of New Hampshire and any of

*(Name of Municipality)*

its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

**I hereby certify** that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

# Dated:

**Attest**:

*(Name & Title)*

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **hereby certify** that I am duly elected Clerk/Secretary of

*(Name)*

 . I hereby certify the following is a true copy of the

*(Name of* *Municipality)*

current Bylaws and that the Bylaws authorize the following person or position to bind the

Municipality for contractual obligations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (*List title or position*)

I further certify that the following individuals currently hold the office or positions

authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*List individuals holding positions authorized*)

I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the corporation.

# Dated:

**Attest**:

*(Name & Title)*