

CERTIFICATION

STATE OF ILLINOIS
COUNTY OF

I, _____, do hereby certify that I am the (title)
Of (city), Illinois, and keeper of the records of said (name of) (city), Illinois, and
that the foregoing is a true and correct copy of the Prevailing Wage Rates
Ordinance as adopted by the Board of Trustees of (name of) (city), Illinois, at
their Regular Meeting held (time and date).

Dated this _____ day of _____,2000.

By: _____
(Title)