

Standard Work Day and Reporting Resolution
for Elected and Appointed Officials

RS 2417-B

BUDGET IMPACT STATEMENT: No budget impact.

On this _____ day of June, 2017. _____ Date enacted: _____
(Signature of clerk)

I, Pamela A. Wright, clerk of the governing board of the County of Saratoga, of the State of New York, do hereby certify that I have compared the foregoing with the original resolution passed by such board, at a legally convened meeting held on the _____ day of _____ on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original.

I further certify that the full board, consists of _____ members, and that _____ of such members were present at such meeting and that _____ of such members voted in favor of the above resolution.

IN WITNESS WHEREOF, I have hereunto Set my hand and the seal of the County of Saratoga, Board of Supervisors

This document consist of 2 page(s) (use with form RS2417-A).

