(DO NOT SUBMIT THIS PAGE WITH YOUR EDS. The purpose of this page is for you to recertify your EDS prior to submission to City Council or on the date of closing. If unable to recertify truthfully, the Disclosing Party must complete a new EDS with correct or corrected information)

RECERTIFICATION

Generally, for use with City Council matter	s. Not for City procur	rements u	nless requested.
This recertification is being submitted in co [identify the Matter]. Under penalty of per- he/she is authorized to execute this EDS re- warrants that all certifications and statement are true, accurate and complete as of the da accurate and complete as of the date of this acknowledgments.	certification on behalf its contained in the Di- te furnished to the Cit	of the Dissclosing P y and cont	sclosing Party, (2) arty's original EDS tinue to be true,
	Date	:	
(Print or type legal name of Disclosing Part	ry)		
By:			
(sign here)			
Print or type name of signatory:			
Title of signatory:			
Signed and sworn to before me on [date], at		_, by	
, at	County,		[state].
	Notary Public.		
Commission expires:			