

RESOLUTION 19-2019

BE IT RESOLVED, by authority of the Board of Supervisors
(Name of governing body)
of the Township of West Goshen , Chester County, and it
(Name of MUNICIPALITY)

is hereby resolved by authority of the same, that the Township Manager
(designate official title)

of said MUNICIPALITY is authorized and directed to submit the attached Application for Traffic Signal Approval to the Pennsylvania Department of Transportation and to sign this Application on behalf of the MUNICIPALITY.

ATTEST: West Goshen Township
(Name of MUNICIPALITY)

(Signature and designation of official title) By: Casey Lalonde - Township Manager
(Signature and designation of official title)
I, Casey Lalonde , Township Manager
(Name) (Official Title)

of the West Goshen Township , do hereby certify that the foregoing
(Name of governing body and MUNICIPALITY)

is a true and correct copy of the Resolution adopted at a regular meeting of the
Board of Supervisors , held the 19th day of November , 20 19 .
(Name of governing body)

DATE: _____
(Signature and designation of official title)