CERTIFICATION

l,(Dept. Head/Chair's Name)	as Head/Chair of, (Title of Department, Board, or Committee)
hereby certify pursuant to se	ection 2-128 (b) of the Code of Ordinances of the City of
La Crosse, that for the year 2	2020 I have reviewed the provisions of this Code myself
and with my fellow Council,	Board, Commission, Agency members or subordinates
as the case may be.	
Dated this day of	Certifier (Dept. Head/Chair) Printed Name Signature

RETURN THIS FORM TO THE CITY CLERK'S OFFICE BY 2/15/20