VERIFICATION

The responsible accounting officer shall verify this report under oath.

OATH

State of ILLINOIS)
) SS
County of LAKE)
)

SUSAN M. GRIFFIN makes oath and says that
(Insert here the name of the person authorized to execute this Verification.)

he or she is FINANCE DIRECTOR
(Insert here the exact legal title of the authorized person.)

of VILLAGE OF LAKE BLUFF;
(Insert here the exact legal name of the emergency telephone system board/qualified governmental entity/other entity.)

that he or she is duly authorized to execute this verification; that he or she has examined the foregoing Form AR-911 (Oct 2016) Excel Workbook (hereinafter referred to as "Report"); that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said Report are true; that the said Report is a correct statement of the business and affairs of the above-named emergency telephone system board/qualified governmental entity/other entity in respect to each and every matter set forth therein;

Check one of the following:

☑ that he or she has personal knowledge that the said Report is based upon independently audited financial statements for the most recently completed and audited fiscal year ending on APRIL 30, 2016; that the independent auditor's reports and workpapers are available to the Department Staff upon request; and that the data within the said Report can be reconciled to the audited financial statements.

or

☐ that he or she has personal knowledge that the said Report was audited by an independent auditor; and that the independent auditor's report and workpapers are available to the Department Staff upon request.

Susan M. Griffin
(Signature of authorized person)

Subscribed and sworn to before me, a NOTARY in and for the State and County above named, this 29th day of SEPTEMBER, 2016.

GAIL M CIOLEK
Official Seal
(seal) Notary Public - State of Illinois
My Commission Expires Apr 11, 2020

Gail M. Ciolek
(Signature of officer authorized to administer oath)