



Date:

To: _____:

We hereby certify that _____ is a member of the Marlboro Township Teen Advisory Committee (TAC), and has volunteered time and performed community service work in furtherance of TAC’s “Do Good” initiatives as follows:

Event and description of service:	Date	Time	Hours
Total			

Any one of the following signatures shall be deemed TAC certification:

Signature
 Lawrence Rosen
 Deputy Mayor
 TAC Founder
rosen@marlboro-nj.gov

Signature
 Natalie Loeb
 Co-Chair TAC
 TAC Founder
nloeb@marlboro-nj.gov

Signature
 Gordon Loeb
 Co-Chair TAC
 TAC Founder
gloeb@marlboro-nj.gov