ANNUAL FINANCIAL STATEMENT FOR THE YEAR 2023 (UNAUDITED)

POPULATION LAST CENSUS 3,621 NET VALUATION TAXABLE 2023 2,681,831,700 MUNICODE 0507 FIVE DOLLARS PER DAY PENALTY IF NOT FILED BY: COUNTIES - JANUARY 26, 2024 MUNICIPALITIES - FEBRUARY 10, 2024

ANNUAL FINANCIAL STATEMENT REQUIRED TO BE FILED UNDER NEW JERSEY STATUTES ANNOTATED 40A:5-12, AS AMENDED, COMBINED WITH INFORMATION REQUIRED PRIOR TO CERTIFICATION OF BUDGETS BY THE DIRECTOR OF THE DIVISION OF LOCAL GOVERNMENT SERVICES.

CITY of NORTH WILDWOOD , County of _____

CAPE MAY

DO NOT USE THESE SPACES

	Date	Examined By:	
1			Preliminary Check
2			Examined

I hereby certify that the debt shown on Sheets 31 to 34, 49 to 51 and 63 to 65a are complete, were computed by me and can be supported upon demand by a register or other detailed analysis.

Signature	lcostello@ford-scott.com		
Title	RMA #393		

(This MUST be signed by Chief Financial Officer, Comptroller, Auditor or Registered Municipal Accountant.)

REQUIRED CERTIFICATION BY THE CHIEF FINANCIAL OFFICER:

I hereby certify that I am responsible for filing this verified Annual Financial Statement, (which I have prepared) or (which I have not prepared) [eliminate one] and information required also included herein and that this Statement is an exact copy of the original on file with the clerk of the governing body, that all calculations, extensions and additions are correct, that no transfers have been made to or from emergency appropriations and all statements contained herein are in proof; I further certify that this statement is correct insofar as I can determine from all the books and records kept and maintained in the Local Unit.

Further, I do hereby certify that I,		Todd N. Burkey		, am the Chief Financial			
Officer, License #	N-0910	, of the	CITY	of			
	DWOOD	, County of	CAPE MAY	and that the			
statements annexed hereto and made a part hereof are true statements of the financial condition of the Local Unit as at							
December 31, 2023, c	ompletely in compl	iance with N.J.S.A. 40A:	5-12, as amended. I also give complete	e assurance as			
• •		luded herein, needed pri h balances as of Deceml	or to certification by the Director of Loc ber 31, 2023.	al Government			

Signature	tburkey@northwildwood.com			
Title	CFO/TAX COLLECTOR			
Address	901 ATLANTIC AVENUE			
Phone Number	609) 522-2030 ext. 122			
Fax Number	(609) 523-8502			

IT IS HEREBY INCUMBENT UPON THE CHIEF FINANCIAL OFFICER, WHEN NOT PREPARED BY SAID, AT A MINIMUM MUST REVIEW THE CONTENTS OF THIS ANNUAL FINANCIAL STATEMENT WITH THE PREPARER, SO AS TO BE FAMILIAR WITH THE REPRESENTATIONS AND ASSERTIONS MADE HEREIN.