

**ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Board Meeting Documents**

Document Name: _____ **Project No.:** _____

Description: _____

Item Description:

Choose one: _____

Other: _____

Action Requested:

Choose one _____

Other: _____

Approvals Required:

APPROVED AS TO CONTENT:

Chief Financial Officer _____ Date: 04/17/2026

Chief Operating Officer _____ Date: 04/16/2026

Claims Rep. – Risk Manager _____ Date: 4/16/2026

Comptroller _____ Date: _____

Director of Administration _____ Date: _____

Director of Distribution _____ Date: 4/16/2026

Director of Human Resources _____ Date: _____

Director of IT _____ Date: _____

Sr. Director of Operations & Infra _____ Date: _____

Director of Planning & Water Supply _____ Date: _____

Director of Production _____ Date: _____

Director of Water Quality _____ Date: _____

Executive Engineer _____ Date: 4/17/2026

General Counsel (Legal) _____ Date: 4/16/2026

Other: _____ Date: _____

APPROVED FOR BOARD RESOLUTION:

Secretary to the Authority _____ Date: 04/17/2026

Remarks: _____

Resolution Date: _____ Item No: _____