



**ORGANIZATION FORM**

**ERIE COUNTY WATER AUTHORITY**  
**3030 UNION ROAD**  
**CHEEKTOWAGA, NY 14227-1097**  
**(716) 684-1510 (Phone)**  
**(716) 684-3937 (Fax)**

Indicate the correct legal name of the business organization or the official owner. A corporation must contain: Corporation, "Corp", Incorporation, "Incorp", or Limited, "Ltd." A partnership must indicate whether it is General, "Gen", Limited, "Ltd", or "Sole." An individual or individuals "Doing business as" must indicate, for example, "John Smith & Henry Jones d/b/a Northern Associates." If the business organization is composed of a Husband and Wife, the name should denote, "John Smith and Mary Smith, his wife."

**LEGAL NAME:** (Owner of Property of Record)

\_\_\_\_\_

**OFFICIAL MAILING ADDRESS:** Of Legal Name Above. (Including Town and Zip Code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

Organization Certificate Registered under the Laws of the State of \_\_\_\_\_

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ D/B/A  
\_\_\_\_\_ Individual \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other

and filed in the Office of the Clerk of the City or County of \_\_\_\_\_,

State of \_\_\_\_\_ Dated \_\_\_\_\_.

Name, Address and Official Title of three (3) Principal Officers of Company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ID NUMBER:**

Federal Employer Identification Number: \_\_\_\_\_

**OR**

Social Security Number: \_\_\_\_\_