

ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

Contract: _____ **Project No.:** _____
Project Description: Appointment Attorney
Ethics Panel

Item Description:

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Professional Service Contract | <input type="checkbox"/> Amendment | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> BCD | <input type="checkbox"/> NYSDOT Agreement | <input type="checkbox"/> Contract Documents | <input type="checkbox"/> Addendum |
| <input type="checkbox"/> Recommendation for Award of Contract | <input type="checkbox"/> Recommendation to Reject Bids | | |
| <input type="checkbox"/> Request for Proposals | | | |
| <input checked="" type="checkbox"/> Other <u>Appointment of Attorney</u> | | | |

Action Requested:


- | | |
|---|--|
| <input type="checkbox"/> Board Authorization to Execute | <input type="checkbox"/> Legal Approval |
| <input type="checkbox"/> Board Authorization to Award | <input type="checkbox"/> Execution by the Chairman |
| <input type="checkbox"/> Board Authorization to Advertise for Bids | <input type="checkbox"/> Execution by the Secretary to the Authority |
| <input type="checkbox"/> Board Authorization to Solicit Request for Proposals | |
| <input checked="" type="checkbox"/> Other <u>Appointment of Attorney</u> | |

Approvals Needed:

APPROVED AS TO CONTENT:

- | | | |
|---|-------|-------------|
| <input type="checkbox"/> Other (if applicable) | _____ | Date: _____ |
| <input type="checkbox"/> Chief Operating Officer | _____ | Date: _____ |
| <input type="checkbox"/> Executive Engineer | _____ | Date: _____ |
| <input type="checkbox"/> Director of Administration | _____ | Date: _____ |
| <input type="checkbox"/> Risk Manager | _____ | Date: _____ |
| <input type="checkbox"/> Chief Financial Officer | _____ | Date: _____ |
| <input type="checkbox"/> Legal | _____ | Date: _____ |

APPROVED FOR BOARD RESOLUTION:

- | | | |
|--|--|-----------------------|
| <input checked="" type="checkbox"/> Secretary to the Authority | <u></u> | Date: <u>06/16/21</u> |
|--|--|-----------------------|

Remarks: _____

Resolution Date: _____ **Item No:** _____