

**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: _____
Chief Operating Officer	_____	Date: _____
Claims Rep. – Risk Manager	_____	Date: _____
Comptroller	_____	Date: _____
Director of Administration	_____	Date: _____
Director of Distribution	_____	Date: _____
Director of Human Resources	_____	Date: _____
Director of IT	_____	Date: _____
Director of Operations	_____	Date: _____
Director of Planning & Water Supply	_____	Date: _____
Director of Production	_____	Date: _____
Director of Water Quality	_____	Date: _____
Executive Engineer	_____	Date: _____
General Counsel (Legal)		Date: 12/8/25
Other: _____	_____	Date: _____

**APPROVED FOR BOARD RESOLUTION:**

Secretary to the Authority \_\_\_\_\_  Date: 12/8/25

Remarks: \_\_\_\_\_

Resolution Date: \_\_\_\_\_ Item No: \_\_\_\_\_