

**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: _____

Other: _____

Date: _____

APPROVED FOR BOARD RESOLUTION:

Secretary to the Authority

Date: 12/8/2025

Remarks: _____

Resolution Date: _____

Item No: _____