

**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 Production _____ Date: _____

Director of Water Quality _____ Date: _____

Executive Engineer _____ Date: 7/15/2025

General Counsel (Legal) _____ Date: _____

Other: _____ Date: 7/15/2025

APPROVED FOR BOARD RESOLUTION:

Secretary to the Authority _____ Date: 07/15/2025

Remarks: _____

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