

**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: 01/02/2026

Chief Operating Officer



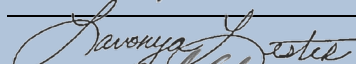
Date: 01/02/2026

Claims Rep. – Risk Manager



Date: 1/2/2026

Comptroller



Date: _____

Director of Administration



Date: 01/05/2026

Director of Distribution



Date: 1/2/2026

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: 1/5/2026

General Counsel (Legal)


Date: 1/2/2026

Other: _____

Date: _____

APPROVED FOR BOARD RESOLUTION:

Secretary to the Authority



Date: 01/05/2026

Remarks: _____

Resolution Date: _____ Item No: _____