



**ERIE COUNTY WATER AUTHORITY**  
**INTEROFFICE MEMORANDUM**  
January 5, 2026

To: Joyce Tomaka, Chief Financial Officer

From: Erica Jankiewicz, Assistant Business Office Manager

Subject: Late Charge Reversal Greater Than \$1,000.00

For: Town of Amherst; Acct# 70516040-4

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Section 9.11 of the Tariff that was adopted on January 1, 2022, allows for a courtesy delinquent charge reversal providing that the customer has a good payment history, requests the reversal, and is not merely refusing to pay the delinquent charge.

Town of Amherst has requested a reversal of a late charge they were assessed on December 5, 2025. This account has not received a courtesy late charge reversal in the past twelve (12) months and meets all other requirements under Section 9.11

Balance Due	\$28,971.96
Late Charge Assessed	\$1,455.02
Balance Owed After Late Charge Reversal	\$27,516.94

The total one-time courtesy late charge reversal request is for **\$1,455.02**.

**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

Chief Operating Officer

Claims Rep. – Risk Manager

Comptroller

Director of Administration

Director of Distribution

Director of Human Resources

Director of IT

Director of Operations

Director of Planning & Water Supply

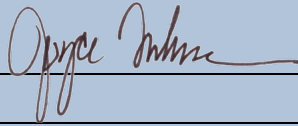
Director of Production

Director of Water Quality

Executive Engineer

General Counsel (Legal)

Other: \_\_\_\_\_



Date: 01/05/2026

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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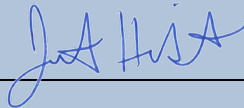
Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED FOR BOARD RESOLUTION:**

Secretary to the Authority



Date: 1/5/2025

Date: \_\_\_\_\_

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

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