

**ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Board Meeting Documents**

Document Name: _____ **Project No.:** _____

Description: _____

Item Description:

Choose one: _____

Other: _____



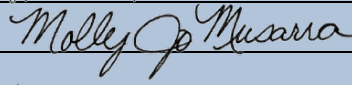
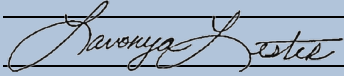
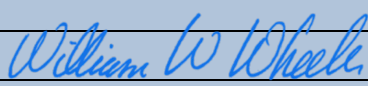


Action Requested:

Choose one _____


Other: _____

Approvals Required:

APPROVED AS TO CONTENT:

Chief Financial Officer		Date: 04/15/2026
Chief Operating Officer		Date: 04/13/2026
Claims Rep. – Risk Manager		Date: 04/16/2026
Comptroller	_____	Date: _____
Director of Administration		Date: 04/13/2026
Director of Distribution	_____	Date: _____
Director of Human Resources	_____	Date: _____
Director of IT	_____	Date: _____
Sr. Director of Operations & Infra	_____	Date: _____
Director of Planning & Water Supply		Date: 04-13-2026
Director of Production	_____	Date: _____
Director of Water Quality	_____	Date: _____
Executive Engineer		Date: 4/15/2026
General Counsel (Legal)		Date: 4/15/2026
Other: _____	_____	Date: _____

APPROVED FOR BOARD RESOLUTION:

Secretary to the Authority  Date: 04/16/2026

Remarks: _____

Resolution Date: _____ Item No: _____