

ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

Contract: _____ **Project No.:** _____
Project Description: 1-inch Domestic Service, 177 Bramblewood Ln, Town of Amherst

Item Description:


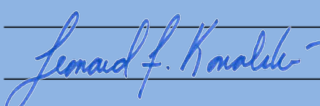

| | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Professional Service Contract | <input type="checkbox"/> Amendment | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> BCD | <input type="checkbox"/> NYSDOT Agreement | <input type="checkbox"/> Contract Documents | <input type="checkbox"/> Addendum |
| <input type="checkbox"/> Recommendation for Award of Contract | <input type="checkbox"/> Recommendation to Reject Bids | | |
| <input type="checkbox"/> Request for Proposals | | | |
| <input checked="" type="checkbox"/> Other <u>Refund Connection Fee</u> | | | |

Action Requested:


| | |
|--|--|
| <input type="checkbox"/> Board Authorization to Execute | <input type="checkbox"/> Legal Approval |
| <input type="checkbox"/> Board Authorization to Award | <input type="checkbox"/> Execution by the Chairman |
| <input type="checkbox"/> Board Authorization to Advertise for Bids | <input type="checkbox"/> Execution by the Secretary to the Authority |
| <input type="checkbox"/> Board Authorization to Solicit Request for Proposals | |
| <input checked="" type="checkbox"/> Other <u>Board Approval to Refund Connection Fee</u> | |

Approvals Needed:

APPROVED AS TO CONTENT:

| | | |
|---|---|-------------------------|
| <input checked="" type="checkbox"/> Sr. Distribution Engineer | <u></u> | Date: <u>6/2/2021</u> |
| <input type="checkbox"/> Chief Operating Officer | _____ | Date: _____ |
| <input checked="" type="checkbox"/> Executive Engineer | <u></u> | Date: <u>06/02/2021</u> |
| <input type="checkbox"/> Director of Administration | _____ | Date: _____ |
| <input type="checkbox"/> Risk Manager | _____ | Date: _____ |
| <input checked="" type="checkbox"/> Chief Financial Officer | <u></u> | Date: <u>06/02/2021</u> |
| <input type="checkbox"/> Legal | _____ | Date: _____ |

APPROVED FOR BOARD RESOLUTION:

| | | |
|--|---|-------------------------|
| <input checked="" type="checkbox"/> Secretary to the Authority | <u></u> | Date: <u>06/02/2021</u> |
|--|---|-------------------------|

Remarks: Fee paid for a 3/4-inch service, but found a blind tap and used existing service.

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



ERIE COUNTY WATER AUTHORITY
INTEROFFICE MEMORANDUM

June 2, 2021

To: Terrence D. McCracken, Secretary to the Authority

From: Michael J. Quinn, Senior Distribution Engineer

A handwritten signature in black ink, appearing to read "MJQ", is written over the name "Michael J. Quinn".

Subject: New Service Connection Refund
177 Bramblewood Lane
Town of Amherst

The following material is attached:

- Blue Authorization Form indicating the requested Board action and approvals needed.
- Copy of New Service Refund Form.

Applicant, Buffalo Bungalow, Inc., applied and paid for a 3/4-inch diameter domestic service connection for 177 Bramblewood Lane in the Town of Amherst, however a blind tap was located and existing service used. Therefore, a service connection fee refund of \$2,000.00 is requested.

MJQ:jmf

cc: K.Prendergast
L.Kowalski
L.Lester
J.Tomaka
S.D'Amico
A.Kirst

ERIE COUNTY WATER AUTHORITY

NEW SERVICE REFUNDS

DATE: 5/28/21

TO: BUSINESS OFFICE MANAGER Steve D'Amico
ACCOUNTING DEPARTMENT Joyce Tomaka

FROM: CUSTOMER SERVICE Amy E. Kirst

SUBJECT: REFUND CONNECTION FEE 2000.00
OTHER _____

TO: APPLICANT MAILING ADDRESS:

NAME: Buffalo Bungalow, Inc
STREET: 549 Winspear Rd.
TOWN: Elma, NY ZIP: 14059

FOR: SERVICE ADDRESS DATE OF APPLICATION 10/21/20
BLDG. NUMBER 177 SVC. INST. NO. 315914546
LOT NUMBER _____ RECEIPT NO. 139805
STREET Bramblewood Ln. WORK ORDER CONN. LIST NO. 2020-28
TOWN Amherst, NY SIZE OF CONNECTION 3/4"
DATE OF RECEIPT 10/21/20

EXPLANATION:

Applicant paid \$2000.00 for a 3/4" service but found a blind tap & used existing service.

PREPARED BY: Amy E. Kirst 5/28/21 AMOUNT _____
AUTHORIZED BY: _____ DATE _____
CHECK NO. _____
ITEM NO. _____
ITEM DATE _____
PREPARED BY _____

CC: Accounting
Files