Innella-lined	Michele.	М.
TYPE Last Name,	First	MI
I do hereby pledge and declare that I will suppo States, and the Constitution of the State of New York, the duties of the position of		
Commission (Title of Position)	er .	
Erie Count Water (Department)	Authority	
according to the best of my ability.	Samlle -	Warf
(Si	gnature of Appointee	
Dated 4-29-21		
FORM PO 62 (Rev. 2/82)		

FILED

APR 2 9 2021

CLERK'S OFFICE