

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

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

Description: _____ **CCII**

Item Description:

Choose one:

Other: _____






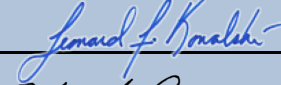


Action Requested:

Choose one:

Other: _____

Approvals Required:

APPROVED AS TO CONTENT:

| | | |
|-----------------------------|--|------------------|
| Chief Financial Officer |  | Date: 03/06/2025 |
| Chief Operating Officer |  | Date: 03/05/2025 |
| Claims Rep. – Risk Manager |  | Date: 3/5/2025 |
| Comptroller | _____ | Date: _____ |
| Director of Administration |  | Date: 03/05/2025 |
| Director of Distribution |  | Date: 3/5/2025 |
| Director of Human Resources | _____ | Date: _____ |
| Director of IT | _____ | Date: _____ |
| Director of Production | _____ | Date: _____ |
| Director of Water Quality | _____ | Date: _____ |
| Executive Engineer |  | Date: 3/10/2025 |
| General Counsel (Legal) |  | Date: 3/6/2025 |
| Other: _____ |  | Date: _____ |

APPROVED FOR BOARD RESOLUTION:

Secretary to the Authority  Date: 3/10/2025

Remarks: _____

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