

STATE WATER RESOURCES CONTROL BOARD
 CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
AUTHORIZED REPRESENTATIVE DELEGATION

Water System Name:	
PWSID#:	
Water System Address:	

The above-named Community Water System does hereby jointly and severally, appoint the following officer(s) or employee(s) as the Community Water System's authorized representative(s) or its designee(s) to sign and file any and all documents necessary to apply for and receive moneys from the State Water Resources Control Board for the California Water and Wastewater Arrearages Payment Program.

Authorized Representative or Designee	
Name:	
Title:	
Address:	
Phone:	
Email:	
Signature:	

Authorized Representative or Designee	
Name:	
Title:	
Address:	
Phone:	
Email:	
Signature:	

If the Community Water System is appointing multiple authorized representatives or designees, are they authorized to act independently? Yes No

Any action by the above-named authorized representative(s) or designee(s) is for the Community Water System and in its name, place, and stead, and for its use and benefit.

The Community Water System hereby agrees and further authorizes the above-named authorized representative(s) or designee(s) to provide any and all assurances, certifications, and commitments required to apply for and receive moneys from the California Water and Wastewater Arrearages Payment Program.

The above-named authorized representative(s) or designee(s) is(are) authorized and directed to represent the Community Water System in carrying out the Community Water System's responsibilities for participation in the California Water and Wastewater Arrearages Payment Program, including certifying disbursement requests on behalf of the Community Water System and compliance with applicable state laws.

This Authorized Representative Delegation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the Community Water System. This document must be signed by an authorized signatory based on the entity type in accordance to the Signatory Requirements Table. Please see the Signatory Requirements Guidelines, which can be found on the State Water Board's web site at www.waterboards.ca.gov/arrearage_payment_program.

The individual(s) named above is (are) hereby authorized to sign on behalf of the above-named Community Water System:

Name:	
Title:	
Signature:	
Date:	

Name:	
Title:	
Signature:	
Date:	