

STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA EXTENDED WATER AND WASTEWATER
ARREARAGE PAYMENT PROGRAM

AUTHORIZED REPRESENTATIVE DELEGATION

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|---------------------------|--|
| Legal Entity Name: | |
|---------------------------|--|

The above-named Applicant does hereby jointly and severally appoint the following officer(s) or employee(s) as the entity'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 Extended Water and Wastewater Arrearage Payment Program.

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

| Authorized Representative or Designee (secondary – optional) | |
|---|--|
| Name: | |
| Title: | |
| Address: | |
| Phone: | |
| Email: | |
| Signature: | |

If the Applicant 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 Applicant and in its name, place, and stead, and for its use and benefit.

The Applicant 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 Extended Water and Wastewater Arrearage Payment Program.

The above-named authorized representative(s) or designee(s) is(are) authorized and directed to represent the Applicant in carrying out the entity's responsibilities for participation in the California Extended Water and Wastewater Arrearage Payment Program, including certifying disbursement requests on behalf of the entity 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 Applicant.

Certification – This document must be physically signed by an authorized signatory based on the entity type in accordance with the Signatory Requirements Guidelines, which can be found on the California Extended Water and Wastewater Arrearage Payment Program webpage. Electronic signatures will not be accepted.

The individual(s) named above is (are) hereby authorized to sign on behalf of the above-named Applicant.

| Authorized Signatory | |
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| Name: | |
| Title: | |
| Signature: | |
| Date: | |