

WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM (WMARSS)

Cities of: ♦ Bellmead ♦ Hewitt ♦ Lacy Lakeview ♦ Lorena ♦ Robinson ♦ Waco ♦ Woodway

**Authorized Representative and Duly Authorized Representative
Signature Authority Form**

Only the signatures included on this form will be accepted on any document required by the Industrial Pretreatment Program. Any document submitted without the required signature will be considered unacceptable due to improper signatory authorization and certification. *Please note: resubmittal replaces the previous document.*

INDUSTRIAL WASTEWATER PERMIT NUMBER (if applicable): _____

PERMITTEE AND/OR FACILITY NAME: _____

ADDRESS: _____
(Include mailing address if different.) (Physical/Mailing)

(City/State/Zip Code)

CONTACT: _____
(Name) (Title) (Phone Number)

CONTACT: _____
(Name) (Title) (Phone Number)

DULY AUTHORIZED REPRESENTATIVE(S): The Authorized Representative may designate a Duly Authorized Representative if the authorization is in writing, the authorization specifies the individual(s) or position(s) responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company and written authorization is submitted to the City.

(Name) (Title) (Phone Number)

(Name) (Title) (Phone Number)

AUTHORIZED REPRESENTATIVE: a) The president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation; or b) The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual wastewater discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(Name) (Title) (Phone Number)

SIGNATURE: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:
Lisa Locaynia, Pretreatment/Environmental Compliance Supervisor,
Water Utilities, City of Waco, P.O. Box 2570, Waco, Texas 76702-2570
Phone: (254) 299-2446 Email: LisaL@wacotx.gov