

VA WARN

Virginia Water/Wastewater Agency Response Network

AUTHORIZED REPRESENTATIVE FORM

“Authorized Representative” means an officer, principal, or employee of a Member Utility authorized in writing by that entity to request, offer or provide assistance pursuant to the Mutual Aid Agreement.

Designation of an Authorized Representative is required by Section 2.4 of the Mutual Aid Agreement.

2.4 Authorized Representatives – Upon execution of this Agreement, each Member Utility shall designate and notify the VA WARN Committee of one or more Authorized Representatives authorized to act on its behalf in requesting or agreeing to provide assistance under this Agreement. Each Member Utility shall notify the VA WARN Committee whenever a current Authorized Representative(s) is no longer authorized to act on its behalf and whenever it designates a new or additional Authorized Representative. All notices pursuant to this Paragraph shall be made in writing on a form provided by the VA WARN Committee, which shall include 24-hour access contact information and shall be signed on behalf of the Member Utility. If a Member Utility designates more than one person as an Authorized Representative, each Authorized Representative shall be considered fully authorized to act for the Member Utility in requesting or agreeing to provide assistance under this Agreement, and each Authorized Representative shall have the responsibility for expedient notification of the other Authorized Representative(s) within the Member Utility of requests for assistance that he has made or assistance he has agreed to provide on behalf of the Member Utility.

The information provided on this form will be on the VA WARN website and available only to VA WARN members

Please provide a telephone number that is always available, i.e., a 24/7 number. The goal is to ensure the “authorized representative(s)” can be alerted to emergencies during nights, weekends, and holidays.

Please use a number such as:

- 1. A 24/7 operations control center or,**
- 2. A water/wastewater treatment plant or,**
- 3. A Non-emergency 911**

System Information

Utility Name: _____
Address: _____
City: _____
Zip Code: _____
County: _____
Website: _____
Type of Utility (Water, Wastewater, or Water/Wastewater): _____
Watershed: _____
Number of Connections: _____
Estimated Population: _____
MGD: _____

Authorized Representative(s)

Contact # 1

Name: _____
Telephone: _____
Cell Phone: _____
e-mail: _____

Contact # 2

Name: _____
Telephone: _____
Cell Phone: _____
e-mail: _____

Contact # 3

Name: _____
Telephone: _____
Cell Phone: _____
e-mail: _____

Contact # 4

Name: _____
Telephone: _____
Cell Phone: _____
e-mail: _____

If more than four contacts are needed, please continue to add contact information below the signature.

SUBMITTED BY:

Signature: _____

Print Name: _____

Date: _____

Please email the completed form to: Geneva.hudgins@vaawwa.org