

**DESIGNATION OF SIGNING OFFICIALS**

SARATOGA COUNTY SEWER DISTRICT NO. 1 PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION  
AND/OR QUESTIONNAIRE INDUSTRIAL DISCHARGERS

GENERAL INFORMATION:

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address of Premises \_\_\_\_\_

\_\_\_\_\_

Standard Industrial Classification Code (SIC) \_\_\_\_\_

Name and Title of Signing Official \_\_\_\_\_

\*Designation in Absence of Signing Official \_\_\_\_\_

-Additional paperwork may be attached to declare designation of additional signing officials, if necessary. Documentation should indicate what paperwork the designees have received authority to sign.

Contact Official(s)	<u>Operations:</u>	<u>Regulatory:</u>
Name	_____	_____
Title	_____	_____
Address	_____	_____
	_____	_____
Telephone	_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative