

SIGNATURE DELEGATION
For Permit Applications, Self Monitoring and Notice Responses

I, (_____) of (_____) (_____), (“Company”) located at (_____) (_____) appoint (_____), as the Company Agent (attorney-in-fact) to act for the Company in any lawful way with respect to the following subject:

To discuss, sign, execute and deliver any and all documents, reports, forms and similar items such as Permit Applications, Self-Monitoring Reports, Notice of Noncompliance Responses, Certifications and other MSD forms on behalf of (_____) in all matters involving, directly or indirectly, the Metropolitan Sewer District of Greater Cincinnati with respect to (_____) premises located at (_____).

Choice of Law. THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF OHIO WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES. IT IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party of any claims that arise against the third party because of reliance on this power of attorney.

Signed this ____ day of (_____).

(_____).

By: _____
Signature of Responsible Official

To: _____
Agent

Printed Name/Title Responsible Official

Printed Name/Title Agent