Appointment of Alternative Authorized Representative

This form applies to:

☐ All Clean Water and Drinking Water State Revolving Fund loans; or
☐ A specific loan: Loan Number **[Example: WPL/RF3/RF1 -###-#.#]**

The **Westford Selectboard**, as legislative body of the applicant, hereby authorized **Holly Delisle** to act as an alternative authorized representative of the applicant for the purpose of furnishing to the State of Vermont such information, data and documents pertaining to the above noted project as may be required and otherwise to act as the authorized representative of the applicant in connection with the project.

Select one or both options below:

☐ This is an additional authorized representative.
☒ This is a change in authorized representative. If change in authorized representative, they are replacing **Melissa Manka**.

All authorized representatives and any alternate authorized representatives must be members of the owner's governing body or direct employees of the owner and may not be independent contractors working for the owner.

Updated contact information for additional/alternate authorized representative(s):

Name: Holly Delisle
Title: Town Administrator
Mailing Address: 1713 VT Route 128 Westford, VT 05494
Email: townadmin@westfordvt.us
Phone number: 802-878-4587

Signed by the majority of the legislative body on **03/28/2024**.