

**LIMITED DELEGATION OF AUTHORITY FOR ENTERING AND EDITING DATA IN THE
SB 131 REPORTING FOR SWMDs APPLICATION IN GATEWAY**

I. LIMITED DELEGATION OF AUTHORITY

Name of SWMD Director/Controller: _____

Name of Delegate: _____

Email Address of Delegate: _____

Name of Unit: _____

Access Type (select one): Read-only _____ Edit _____

I, the undersigned Director or Controller, pursuant to the authority vested in me for the submission of the SB 131 Reporting for SWMDs through the Gateway website on behalf of the Unit, hereby delegate to the above-designated Delegate the following authority for the limited purposes set forth herein:

1. Delegate may enter and/or edit data (as designated above) on my behalf into the Gateway website to prepare the SB 131 Reporting for SWMDs that will be submitted by the Unit to the Department of Local Government Finance (Department) for the calendar year.
2. Delegate may access the Unit's Gateway website by means of the login and password created and distributed by the Department to the Delegate.
3. This limited delegation of authority shall continue in effect until revoked.

I acknowledge that this Delegation does not affect the Unit's duties or responsibilities under the Indiana Code, and that I remain responsible for the accuracy, completeness, timeliness, and submission of the SB 131 Reporting for SWMDs. I hereby represent that I have the real and apparent authority to sign this Delegation.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20____

(Signature of Director or Controller)

(Printed name of Director or Controller)

II. ACKNOWLEDGMENT BY DELEGATE

I, the Delegate in the above and foregoing, hereby acknowledge and accept the terms of the limited delegation of authority.

(Signature of Delegate)

(Printed name of Delegate)