

**A RESOLUTION AUTHORIZING THE ASSIGNMENT OF OFFICIAL  
REPRESENTATIVES AND SIGNATORY AUTHORITIES**

**Resolution 2016-10**

**Whereas**, the Council of the Village of Angel Fire of Colfax County of the State of New Mexico shall enter into a Loan Agreement with the State of New Mexico Environment Department, and

**Whereas**, the Agreement is identified as CWSRF 056

**NOW THEREFORE, BE IT RESOLVED** by the named applicant that:

Barbara Cottam, Mayor or his/her successor is authorized to sign the agreement for this project, and

Barbara Cottam, Mayor, or his successor is the OFFICIAL BORROWER REPRESENTATIVE who is authorized to submit any documents pertaining to the project and act as the single point of contact, and

Bret Wier, Finance Director, or his/her successor is the SIGNATORY AUTHORITY who is authorized to sign reimbursement requests and other documents requiring a signature for submittal to the New Mexico Environment Department.

**PASSED, APPROVED, AND ADOPTED:** this 24<sup>th</sup> day of May, 2016.

**Barbara Cottam, Mayor, Village of Angel Fire, Water/Wastewater**



(Signature)



Date

(SEAL)

**ATTEST:**

**Terry Cordova, Village Clerk**



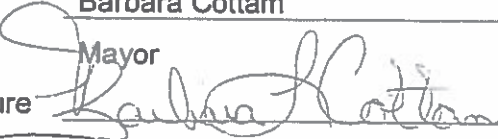
(Signature)




Date

Project Name Treatment Plant Repairs

Project No. CWSRF 056

Borrower Representative(s)	
Name	Barbara Cottam
Title	Mayor
Signature	
Address	P.O. Box 610 Angel Fire, NM 87710
E-mail	bcottam@angelfirenm.gov
Phone	575-377-3232
Name	_____
Title	_____
Signature	_____
Address	_____
E-mail	_____
Phone	_____
Name	_____
Title	_____
Signature	_____
Address	_____
E-mail	_____
Phone	_____
Name	_____
Title	_____
Signature	_____
Address	_____
E-mail	_____
Phone	_____

Borrower Signatory Authority(ies)	
Name	Bret Wier
Title	Finance Director
Signature	
Address	P.O. Box 610 Angel Fire, NM 87710
E-mail	bwier@angelfirenm.gov
Phone	575-377-3232
Name	_____
Title	_____
Signature	_____
Address	_____
E-mail	_____
Phone	_____
Name	_____
Title	_____
Signature	_____
Address	_____
E-mail	_____
Phone	_____
Name	_____
Title	_____
Signature	_____
Address	_____
E-mail	_____
Phone	_____