



**NORTHEAST INDIANA
SOLID WASTE MANAGEMENT DISTRICT**

Serving DeKalb, LaGrange, Noble and Steuben Counties
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SOLID WASTE BOARD MEMBER PROXY FORM

Date: _____

I, _____, a duly appointed/elected member of the Board
(name of board member)

of Directors of the Northeast Indiana Solid Waste Management District do hereby

confirm that _____ is my authorized proxy for the solid
(name of proxy)

waste board meeting held on _____ . As proxy, and
(month/day/year)

by authority of Resolution 2009-2 "Proxy Amendment to Inter-local Agreement" of the

District, _____ has full authority to participate and vote in
(name of proxy)

my absence in the above captioned Solid Waste Board of Directors meeting.

Signature of Board Member: _____.

Signature of Proxy: _____.

Note: The District Inter-local Agreement (Bylaws) and Amendments thereto, along with Indiana Code allow proxy assignments on a single (specific) meeting basis only. Should you have any question or concern as a Board member contact the District or the District's legal counsel at 1-800-777-5462 or visit our web site at www.niswmd.org