



Association of West Virginia Solid Waste Authorities
P.O. BOX 61 New Martinsville, WV 26155

PROXY VOTE FORM

I, _____, _____ of the
_____ Solid Waste Authority,
being the Chair or Vice Chair of said Authority, with the
Board's approval, do hereby give permission for
_____ as my proxy to vote
on matters presented by the Association of West
Virginia Solid Waste Authorities for a time period
beginning on _____ and ending on _____
(less than a fiscal year).

Signed: _____

Date signed: _____