

WATER CO-OP RATE INFORMATION

NAME _____ Water Co-operative Association Limited

1. Number of water services:

2. Water charge per Month (year):

3. Fixed Monthly Charge:

4. Is the Water Metered?

5. Other Monthly Water Charges (if any):

6. Source of Water Supply (e.g. well, river, etc.):

7. Is the Water Treated?

8. Use of Water? (circle):	Household	Farm	Industry/commercial
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9. Members Individual Capital Service Cost:

10. Was there Federal or Provincial assistance to install the Co-op Water system? Specify:

11. Does the Water Co-op have bonding and liability insurance? Yes No

12. Water License No. _____

completed by:

Date:

**Please return completed form to Department of Agriculture, Food and Rural Development
Rural Utilities Division with Form Q/Annual Return/Officer's List**