

WATER CO-OP NAME

YEAR OF Annual Return

Fiscal Year End (M/D/Y) _____

COMPLETE Mailing Address (with postal code) _____

Phone Number: _____ Fax Number: _____

Email address: _____

Annual Meeting Held at: _____

Date: _____ Time _____

Members - Active _____ Inactive _____ Total Present at meeting _____

Name of Auditor appointed: _____

Officers: (or attach list)

	Name	Director (please circle)	Complete ADDRESS & POSTAL CODE	Phone	Term
Chairman		Yes No			to
V / Chairman		Yes No			to
Sec / Treas.		Yes No			
Manager		Yes No			
Off. Supervisor		Yes No			

Remainder of Directors (or attach list)	COMPLETE ADDRESS & POSTAL CODE	Phone	Term
			to
			to
			to
			to
			to
			to
			to
			to

Following your annual meeting please return this form along with other requested information to: Alberta Agriculture and Rural Development, **RURAL UTILITIES DIVISION**, Room 200, J.G. O'Donoghue Bldg, 7000 - 113 Street, Edmonton, Alberta T6H 5T6

Completed by _____ Date _____

PLEASE ATTACH A COPY OF YOUR AUDITED FINANCIAL STATEMENT AND ANNUAL GENERAL MEETING MINUTES.