

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 WITH 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 WITH 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 Forestry, RURAL UTILITIES, Room 202, J.G. O'Donoghue Bldg, 7000 - 113 Street, Edmonton, Alberta T6H 5T6

Completed by \_\_\_\_\_ Date \_\_\_\_\_