

COMPANY INFORMATION

Line No.

1 _____
 (Exact name of utility)

2 _____
 (Mailing Address)

3 _____
 (City) (State) (Zip) (County)

4 _____

5 'Unified Business Identifier' (UBI) Number Telephone Number _____
 6 Fax Number _____
 7 E-mail or Web Address _____
 8 Date Utility First Organized _____
 9 Location of Books and Records _____
 10 _____
 11 Method Of Accounting (Cash/Accrual) _____
 12 f Business (Proprietorship, Partnership, C-Corp, LLC, S-Corp) _____

	Name	Title	Principal Business Address	Telephone
13	Person to send correspondence:			
14	_____			
15	Person who prepared this report:			
16	_____			
17	Certified Water Manager: Certificate Number:			
18	Emergency Response Personnel:			
19	_____			
20	Managers, Officers & Directors:			
21	_____			

Report of person owning 5 percent or more of company.

	Name	Ownership Percent	Principal Business Address	Telephone
22	_____			

23 Does the company have any affiliated interest transactions as defined above
 No, Please sign this page and no further action is required.

24 _____ Yes, Please sign this page and request an Affiliated Interest Report.

_____ makes oath and says
 (Name of officer)
 that he/she is _____
 (Official title of officer)
 of _____
 (Exact legal title or name of company)

that he/she has examined the foregoing affiliated interest report; that to the best of his/her knowledge, information, and belief, all statements of fact contained in the report are true and the report is a correct statement during the period from and including January 1, 2002, to and including December 31, 2002.

_____ (Signature of officer) _____ Date