

MUNICIPAL SYSTEM PROJECT FORM

System Information:

Total # Connections:

Residential _____

Year-round _____

Commercial _____

Institutional _____

Industrial _____

Average Monthly Culinary Bill (\$): _____

Expected Growth Rate (%): _____

Existing Annual Debt (\$): _____

Is there a secondary system in your service area? Y/N

Water Rate Structure (please attach or describe):

Additional Contact Information (if applicable):

Bond Counsel _____ Financial Advisor _____

Address _____

Phone _____

Email _____

System Facilities (please describe)

Sources: _____

Distribution System: _____

Storage (Type/Amount): _____

Estimated Annual Operation & Maintenance (O&M) Costs:

Pre-Project O&M: _____

Post-Project O&M: _____

Estimated Water Conserved by Project (if applicable): _____ (acre-feet)