



BOB ANTHONY  
Commissioner

TODD HIETT  
Commissioner

DANA MURPHY  
Commissioner

# Oklahoma Corporation Commission

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## ANNUAL REPORT

### Water Utility to the Corporation Commission, State of Oklahoma

	CLASS A	CLASS B	CLASS C	CLASS D
<b>WATER CLASSIFICATION:</b>				

**COMPANY NAME:**

**PRINCIPAL OFFICE:**

**FOR THE YEAR END:**

1. This Form for Annual Reports must be filled out and returned to the Public Utility Division of the Oklahoma Corporation Commission, 500 Jim Thorpe Office Building, Oklahoma City, Oklahoma 73105 or P.O. Box 52000-2000, Oklahoma City, OK 73152-2000, no later than ninety (90) days after the end of the fiscal year, provided that the Commission may grant an extension for good cause shown according to 165:65-9-10 of Chapter 65, Water Service Utilities Rules and Regulations.
2. Every inquiry contained in the accompanying report form must be definitely answered. Where the word "none" truly and completely states the fact, it may be given as the answer to any particular inquiry or any particular portion of an inquiry. Except in cases where they are especially authorized, cancellations, arbitrary check marks and the like must not be used, either as partial or entire answers to inquires. If any inquiry, based upon a preceding inquiry is, because of the answer rendered to such preceding inquiry, inapplicable to the person, firm, association, or company in whose behalf the report is made, the words "not applicable" should be used in answer thereto.
3. Answers to the inquires contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper or document other than the present report to make the paper or document or portion thereof thus referred to as part of the answer without setting it out.
4. All entries should be made in permanent black ink except those of a contrary or unusual character (like deficits, for example) which should be made in permanent ink. When practicable, the report should be typewritten.
5. Each respondent should make its report in duplicate, retaining one (1) copy in its files for reference in case correspondence with regard to such report becomes necessary.
6. If it is necessary or desirable to insert additional statements for the purpose of further explanation of accounts or schedules, they should be legibly made on paper of durable quality and should conform with this in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
7. Every Annual Report should in all particulars be complete in itself and reference to returns of former years or to other reports, should not be make to take the place of required entries except otherwise specifically authorized.
8. This report must be bound in permanent form before returning to the Commission. Binding with clips is not sufficient.
9. Each respondent is requested to send, in connection with this report to this Commission, two (2) copies of its latest Annual Report to Stockholders.

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**COMPANY INFORMATION**

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1. **Trade Name used for Utility Business:**

2. **Name of Owner  
(If Different from Trade Name):**

3. **Business Mailing Address  
(Include City, State, and Zip Code):**

4. **Business Physical Address  
(Include City, State, and Zip Code if  
Different from Mailing Address):**

5. **Business Telephone Number  
(Include the Area Code):**

6. **If the business is a Corporation, please list the following information:**

**President's Name:**

**Vice-President's Name:**

**Secretary's Name:**

**Treasurer's Name:**

**Please list the three (3) largest Stakeholders and the percent of voting shares each of the Stockholders holds:**

**Stakeholder One: Voting Percentage:**

**Stakeholder Two: Voting Percentage:**

**Stakeholder Three: Voting Percentage:**

**State in which the Year of  
business is incorporated: incorporation:**

7. **If the business is a Partnership, please list the following information:**

**Owner: Ownership Percentage:**

**Owner: Ownership Percentage:**

**Owner: Ownership Percentage:**

**Owner: Ownership Percentage:**

**Owner: Ownership Percentage:**

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**PERSON TO CONTACT**

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For each individual listed below, please provide the full name, address, telephone number (area code included), and e-mail address.

**GENERAL MANAGER:**

**ACCOUNTANT:**

**COMPLAINTS / BILLING:**

**ENGINEERING:**

**EMERGENCY CONTACT:**

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**SERVICE AREA**

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Fill in one (1) section for each subdivision or service area. Please note that if more sections are needed for additional subdivisions or service areas, a supplementary page may be attached to this Annual Report.

**SUBDIVISION OR SERVICE AREA NO. 1**

1.           **Name of subdivision or service area:**
2.           **County (or Counties):**
3.           **If water is purchased, please list who it is purchased from:**
4.           **Source of water supply (well, etc.):**
5.           **Number of wells in service:**
6.           **Pumping capacity of each pump in service (GPM):**
7.           **Type of storage (pressure tank, etc.):**
8.           **Storage tank capacity (gallons):**
9.           **Types of water treatment (chlorine, etc.):**
10.          **Number of fire hydrants installed:**
11.          **Annual pumpage to system (gallons):**
12.          **Estimated system losses (gallons):**

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**SUBDIVISION OR SERVICE AREA NO. 2**

1.           **Name of subdivision or service area:**
2.           **County (or Counties):**
3.           **If water is purchased, please list who it is purchased from:**
4.           **Source of water supply (well, etc.):**
5.           **Number of wells in service:**
6.           **Pumping capacity of each pump in service (GPM):**
7.           **Type of storage (pressure tank, etc.):**
8.           **Storage tank capacity (gallons):**

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- |     |  |     |                                    |
|-----|--|-----|------------------------------------|
| 9.  | Types of water treatment (chlorine, etc.): |     |                                    |
| 10. | Number of fire hydrants installed:         |     |                                    |
| 11. | Annual pumpage to system (gallons):        | 12. | Estimated system losses (gallons): |
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**SUBDIVISION OR SERVICE AREA NO. 3**

- |     |  |     |   |
|-----|--|-----|---|
| 1.  | Name of subdivision or service area:                         |     |   |
| 2.  | County (or Counties):  |     |   |
| 3.  | If water is purchased, please list who it is purchased from: |     |   |
| 4.  | Source of water supply (well, etc.):                         |     |   |
| 5.  | Number of wells in service:                                  | 6.  | Pumping capacity of each pump in service (GPM): |
| 7.  | Type of storage (pressure tank, etc.):                       |     |   |
| 8.  | Storage tank capacity (gallons):                             |     |   |
| 9.  | Types of water treatment (chlorine, etc.):                   |     |   |
| 10. | Number of fire hydrants installed:                           |     |   |
| 11. | Annual pumpage to system (gallons):                          | 12. | Estimated system losses (gallons):              |
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**SUBDIVISION OR SERVICE AREA NO. 4**

- |    |  |    |   |
|----|--|----|---|
| 1. | Name of subdivision or service area:                         |    |   |
| 2. | County (or Counties):  |    |   |
| 3. | If water is purchased, please list who it is purchased from: |    |   |
| 4. | Source of water supply (well, etc.):                         |    |   |
| 5. | Number of wells in service:                                  | 6. | Pumping capacity of each pump in service (GPM): |
| 7. | Type of storage (pressure tank, etc.):                       |    |   |

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8. Storage tank capacity (gallons):
  9. Types of water treatment (chlorine, etc.):
  10. Number of fire hydrants installed:
  11. Annual pumpage to system (gallons):
  12. Estimated system losses (gallons):
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**SUBDIVISION OR SERVICE AREA NO. 5**

1. Name of subdivision or service area:
  2. County (or Counties):
  3. If water is purchased, please list who it is purchased from:
  4. Source of water supply (well, etc.):
  5. Number of wells in service:
  6. Pumping capacity of each pump in service (GPM):
  7. Type of storage (pressure tank, etc.):
  8. Storage tank capacity (gallons):
  9. Types of water treatment (chlorine, etc.):
  10. Number of fire hydrants installed:
  11. Annual pumpage to system (gallons):
  12. Estimated system losses (gallons):
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**FINANCIAL DATA**

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**LOAN SOURCE NO. 1**

1. Source of Loan:
2. Original Amount:
3. Date of Issue:
4. Interest Rate:
5. Balance as of December 31st:

**LOAN SOURCE NO. 2**

1. **Source of Loan:**
  2. **Original Amount:**
  3. **Date of Issue:**
  4. **Interest Rate:**
  5. **Balance as of December 31st:**
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**LOAN SOURCE NO. 3**

1. **Source of Loan:**
  2. **Original Amount:**
  3. **Date of Issue:**
  4. **Interest Rate:**
  5. **Balance as of December 31st:**
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**LOAN SOURCE NO. 4**

1. **Source of Loan:**
  2. **Original Amount:**
  3. **Date of Issue:**
  4. **Interest Rate:**
  5. **Balance as of December 31st:**
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**LOAN SOURCE NO. 5**

1. **Source of Loan:**
2. **Original Amount:**
3. **Date of Issue:**
4. **Interest Rate:**
5. **Balance as of December 31st:**

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**OTHER FINANCIAL DATA**

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1.	<b>Stocks Issued:</b>	\$
2.	<b>Accumulated Earnings (or Losses):</b>	\$
3.	<b>Cash on Hand:</b>	\$
4.	<b>Accounts Receivable:</b>	\$
5.	<b>Accounts Payable:</b>	\$
6.	<b>Customer Deposits in Hand:</b>	\$
7.	<b>Other Assets or Liabilities:</b> (describe in remarks below)	\$

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**ORIGINAL COST OF PLANT**

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Please list the total original cost to construction and establish the system whether or not paid for by the present owner.

**WATER PLANT**

1.	<b>Lands and rights of way:</b>	\$
2.	<b>Structures and site improvements:</b>	\$
3.	<b>Wells:</b>	\$
4.	<b>Pumping equipment:</b>	\$
5.	<b>Water treatment equipment:</b>	\$
6.	<b>Storage tanks:</b>	\$
7.	<b>Water mains :</b> (including valves, etc.)	\$
8.	<b>Meters:</b> (including spare meters)	\$
9.	<b>Services:</b>	\$
10.	<b>Office furniture and equipment:</b>	\$
11.	<b>Transportation equipment:</b>	\$
12.	<b>Other water plant:</b> (describe in remarks below)	\$



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13.	<b>Total water plant: (lines 1 through 12)</b>	\$
14.	<b>Less accumulated depreciation:</b>	\$
15.	<b>Less accumulated tap fess and other contributions:</b>	\$
16.	<b>Less customer advances:</b>	\$
17.	<b>Net investment in plant: (lines 13 minus 14, 15, and 16)</b>	\$

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### REMARKS

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1.	<b>Equipment:</b>	\$	<b>Docks:</b>	\$
2.	<b>Backwash Pits:</b>	\$	<b>Booster Stat:</b>	\$
3.	<b>Communication Equipment:</b>	\$	<b>Test Equipment:</b>	\$
4.	<b>Power Operated Equipment:</b>	\$	<b>Const. WIP:</b>	\$
5.	<b>Liability Pre-Paid Insurance:</b>	\$	<b>W/C Pre-Paid:</b>	\$
6.	<b>RS&amp;I Pre-Paid Insurance:</b>	\$	<b>Dock Rental PI</b>	\$
7.	<b>Other:</b>			

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### REVENUES AND SALES

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1. UNMETERED SERVICE

**Volume Sold (Gallons):**

**Number of Customers  
at the End of Year:**

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	<b>Revenues:</b>	\$	
2.	<b><u>METERED SERVICE</u></b>		
	<b>Volume Sold (Gallons):</b>		
	<b>Number of Customers at the End of Year:</b>		
	<b>Revenues:</b>	\$	
3.	<b><u>OTHER REVENUE (Describe in Remarks Below)</u></b>		
	<b>Volume Sold (Gallons):</b>		
	<b>Number of Customers at the End of Year:</b>		
	<b>Revenues:</b>	\$	
4.	<b>Total Revenues: (lines 1 through 3)</b>	\$	

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### EXPENSES

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1.	<b>Total salaries (except owner):</b>	\$		
2.	<b>Salaries paid to owner:</b>	\$		
3.	<b>Administrative and office expenses (except salaries):</b>	\$		
4.	<b>Maintenance and repair expenses (except salaries):</b>	\$		
5.	<b>Transportation expenses:</b>	\$		
6.	<b>Electric power for pumping:</b>	\$		
7.	<b>Chemicals for treatment:</b>	\$		
8.	<b>Annual depreciation:</b>	\$	9.	<b>Composite Rate %:</b>
10.	<b>Income Tax:</b>	\$	11.	<b>Other Taxes: \$ (property, franchise, etc):</b>

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12.	Interest on debt during year:	\$
13.	DEQ fees and expenses:	\$
14.	Other expenses (describe in remarks below):	\$
15.	<u>Total Expenses</u> (lines 1 through 14 of Expenses):	\$
16.	<u>Net Income</u> (line 4 from Revenue and Sales minus line 15 from Expenses):	\$

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**REMARKS**

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1.	Equipment Rental:	\$
2.	Licenses Expenses:	\$
3.	Regulatory Expenses:	\$
4.	Legal Expenses:	\$
5.	Uncategorized Expenses:	\$
6.	Gain/Loss Sale Asset:	\$
7.	Other:	

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**CERTIFICATION**

I hereby certify that the above and foregoing information listed in this Annual Report is true and correct to the best of my knowledge.

Today's Date:

Title of Signatory:

Printed Name:

Signature: