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|  | **North Carolina Department of Environmental Quality**  **Division of Water Infrastructure**  **Water & Sewer Financial Information Form**  (Updated: February 2022) |  |

Complete the following information related to your utility’s water/sewer Enterprise Fund. If your Enterprise Funds are separate for water and sewer, *please provide sheets for the appropriate fund*. For expenditures, use only absolute values (i.e., no negative values). *Do note modify this form.*

1. Supply the required information below.

|  |  |  |
| --- | --- | --- |
| Combined System | Water System | Sewer System |

|  |  |
| --- | --- |
| Unit Name: |  |
| Fund Name: |  |

1. Provide the following information for the past three fiscal years *for which an audit has been completed* and submitted to the Local Government Commission.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Fiscal Years** | | |
|  |  |  |  |
| **Operating Revenues** | | | |
| Customer Charges |  |  |  |
| Connection Fees |  |  |  |
| Other Operating Revenues |  |  |  |
| **Total Operating Revenues** |  |  |  |
| **Expenditures** | | | |
| *Administration* |  | | |
| Salaries |  |  |  |
| Other |  |  |  |
| *Operations* |  | | |
| Salaries |  |  |  |
| Other |  |  |  |
| **Total Expenditures** |  |  |  |
| **Other** (do not include depreciation) | | | |
| Debt principal |  |  |  |
| Interest |  |  |  |
| Capital outlay |  |  |  |
| Capital reserve |  |  |  |
| Transfer from (to) other funds |  |  |  |
| Other (list): |  |  |  |
| **Total Other** |  |  |  |
| **Net Income (Loss)** |  |  |  |

(OVER)

1. Certification. Please read and sign below.

I attest that the fiscal information provided in this form, to the best of my knowledge, is accurate, complete, true, and matches audits for the past three years. I further attest that, to the best of my knowledge, if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has made any transfers within the past three years, these transfers are shown

(Local government unit)

in Item #2 of this form.

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|  | | |
| **SIGNATURE OF**  **FINANCE OFFICER** |  | **DATE** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **TYPED NAME** |  | **TYPED TITLE** |