Complete the following information related to your system’s enterprise fund. If your enterprise funds are separate for water and sewer, *please supply sheets for both.*

1. Supply the required information below.

   - [ ] Combined System
   - [ ] Water System
   - [ ] Sewer System

   Unit Name: ____________________________
   Fund Name: ____________________________

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

<table>
<thead>
<tr>
<th>Fiscal Years</th>
<th>Operating Revenues</th>
<th>Expenditures</th>
<th>Other (do not include depreciation)</th>
<th>Net Income (Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(OVER)</td>
</tr>
</tbody>
</table>

Operating Revenues

- Customer Charges
- Impact Fees
- Other Revenue

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)
3. 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 in Item #2 of this form.

_____________________________________________________
SIGNATURE OF
FINANCE OFFICER

_____________________________________________________
DATE

_____________________________________________________
TYPED NAME

_____________________________________________________
TYPED TITLE