|  |  |  |
| --- | --- | --- |
|  | **North Carolina Department of Environmental Quality****Division of Water Infrastructure****Water & Sewer Financial Information Form****(revised June 2019)** |  |

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: |       |

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 |       |       |       |
| 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)

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** |