



**PUBLIC UTILITY FEE REPORT – CLASS C WATER UTILITY**

State Form 50498 (R10 / 1-18)  
INDIANA UTILITY REGULATORY COMMISSION

**CALENDAR YEAR 2017**

Utility Identification Number: \_\_\_\_\_  
Utility Name: \_\_\_\_\_  
Street Address (number and street): \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

ACCOUNT NUMBER	ACCOUNT TITLE	TOTAL OPERATING REVENUE	TOTAL INTRA-STATE REVENUE
460.1	Unmetered Sales To Residential Customers	_____	_____
460.2	Unmetered Sales To Commercial Customers	_____	_____
460.3	Unmetered Sales To Industrial Customers	_____	_____
460.4	Unmetered Sales To Public Authorities	_____	_____
460.5	Unmetered Sales To Multiple Family Dwellings	_____	_____
460.6	Unmetered Sales - Other	_____	_____
461.1	Metered Sales To Residential Customers	_____	_____
461.2	Metered Sales To Commercial Customers	_____	_____
461.3	Metered Sales To Industrial Customers	_____	_____
461.4	Metered Sales To Public Authorities	_____	_____
461.5	Metered Sales To Multiple Family Dwellings	_____	_____
462	Fire Protection Revenue	_____	_____
465	Sales To Irrigation Customers	_____	_____
466	Sales For Resale	_____	_____
474	Other Water Revenues	_____	_____
770	Bad Debt Expense - Debit	_____	_____
<b>TOTAL</b>		<b>_____</b>	<b>_____</b>

I certify that the foregoing information is accurate and is in agreement with the books and records of the utility for the year ended December 31, 2017.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

**Address to send fee bill to (if different than above):**

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Street Address (number and street): \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

**Return completed forms to:**

IURC  
101 W. Washington St., Suite 1500-E  
Indianapolis, IN 46204  
Fax: (317) 232-6758  
E-mail: [feebilling@urc.in.gov](mailto:feebilling@urc.in.gov)