

**WATER AND/OR WASTEWATER
UTILITY OPERATING DEFICIT APPLICATION**

DEADLINES FOR FILING DEFICITS

Actual Deficit

April 1st in following year

Anticipated Deficit

As soon as known

Budgeted Deficit

April 1st

MUNICIPALLY OWNED UTILITY

PRIVATELY/CO-OP OWNED UTILITY

MUNICIPALITY/OWNER NAME: _____

UTILITY NAME: _____

APPLICATION DATE: _____

UTILITY CONTACT: _____

Check the appropriate box to indicate the type of deficit being applied.

ACTUAL DEFICIT

ANTICIPATED DEFICIT

s. 165(2) of The Municipal Act

BUDGETED DEFICIT

s. 164(4) of The Municipal Act

* For definitions of the type of deficit you may be applying for, please refer to [Board Order No. 151/08](#) and [93/09](#).

Deficit year(s) being applied for: _____

A. DEFICIT INFORMATION

1. Reason(s) for the deficit(s):

2. Amount of Revenue Deficit:

\$

3. Accumulated Surplus (Deficit) at December 31 of prior year:

\$

4. Utility Reserve Fund Balance at December 31 of prior year:

\$

B. PROPOSED METHOD OF RECOVERY

1. State proposed method of recovery with rationale:

1(a). Rate Rider over 1, 2, or 3 years in the amount of:

Year 1,

\$

Year 2, and/or

\$

Year 3.

\$

\$

Note: If proposing more than 3 years for rate rider, please use the "other" method and provide calculations and explanation.

1(b). Draw-down from the accumulated surplus account of the Utility in the amount of:

\$

1(c). Withdrawal from utility reserves:

\$

1(d). Other method, please explain:

C. UTILITY INFORMATION

1. Total number of ratepayers connected to the system.

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2. Indicate most current year financials available on Manitoba Municipalities Online (MMO) or provide most current audited financials as attachment.

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3. Effective date of last rate revision: _____ Board Order Number: _____

4. Statement on current rate adequacy.

5. Please attach current rate structure including:

5(a). Details of current rate structure (flat or metered)

5(b). Minimum quarterly charge

5(c). An indication of rate increases from current rates or minimum quarterly bills.

6. Expected date of next rate review: _____

7. Prior revenue deficits within last 5 years:

Year	Amount	PUB B/O #

D. ATTACHMENTS REQUIRED:

1. Council Resolution with respect to deficit and proposed recovery.
2. Completed PUB Schedule 9.
3. Rate Structure (For Municipalities - Schedule A of By-Law)

NOTE: Processing times will vary depending on completeness of the application.

Send completed form via email to: publicutilities@gov.mb.ca