

**WATER AND/OR WASTEWATER  
UTILITY OPERATING DEFICIT APPLICATION****DEADLINES FOR FILING DEFICITS****Actual Deficit**April 1<sup>st</sup> in following year**Anticipated Deficit**

As soon as known

**Budgeted Deficit**April 1<sup>st</sup>

MUNICIPALLY OWNED UTILITY (PUBLIC)

PRIVATELY 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.

\$

\$

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

\$
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1(c). Withdrawal from utility reserves:

\$
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1(d). Other method, please explain:

### C. UTILITY INFORMATION

1. Total number of ratepayers connected to the system.

2. Indicate most current year financials available on Manitoba Municipalities Online (MMO)

3. Report on water quality - Does it meet provincial standards? (if applicable)

4. Statement that environmental licensing conditions are being met. (if applicable).

5. Effective date of last rate revision: \_\_\_\_\_

Board Order Number: \_\_\_\_\_

6. Statement on rate adequacy.

7. Expected date of next rate review: \_\_\_\_\_

8. Capital expenditures:

Prior fiscal year

\$
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Current year and 5 year plan

\$
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9. Unaccounted for water, as a percentage of total production:

Prior year

%
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Forecast, current year

%
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10. 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.

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

Send completed form via email to: [publicutilities@gov.mb.ca](mailto:publicutilities@gov.mb.ca)

Revised: June 2018

**(Please keep a copy of all documentation submitted for your records.)**