



PUBLIC UTILITY FEE REPORT – RURAL WASTEWATER UTILITY – CLASS A, B, AND C

State Form 50499 (R17 / 1-25)
INDIANA UTILITY REGULATORY COMMISSION

CALENDAR YEAR 2024

IURC Utility ID:

Look up Utility IDs at: <https://www.in.gov/iurc/home/utility-ids/>

Utility Name:

Wastewater	
Corporate Address	Billing Address (if different from Corporate Address)
Street Address (# & street): _____ _____ _____	_____
City, State and ZIP code: _____	_____
Telephone Number: _____	_____
Email Address (Required): _____	_____

*****Please submit completed forms no later than May 1, 2025*****

ACCOUNT NUMBER	ACCOUNT TITLE	TOTAL OPERATING REVENUE	TOTAL INTRA-STATE REVENUE
521.1	Flat Rate Residential Revenues	\$ _____	\$ _____
521.2	Flat Rate Commercial Revenues	\$ _____	\$ _____
521.3	Flat Rate Industrial Revenues	\$ _____	\$ _____
521.4	Flat Rate Revenues From Public Authorities	\$ _____	\$ _____
521.5	Flat Rate Multiple Family Dwelling Revenues	\$ _____	\$ _____
521.6	Flat Rate Other Revenues	\$ _____	\$ _____
522.1	Measured Residential Revenues	\$ _____	\$ _____
522.2	Measured Commercial Revenues	\$ _____	\$ _____
522.3	Measured Industrial Revenues	\$ _____	\$ _____
522.4	Measured Revenues From Public Authorities	\$ _____	\$ _____
522.5	Measured Multiple Family Dwelling Revenues	\$ _____	\$ _____
524	Revenues From Other Systems	\$ _____	
536	Other Wastewater Revenues	\$ _____	
770	Bad Debt Expense – Debit *	\$ _____	\$ _____
	TOTAL	\$ _____	\$ _____

*** PLEASE NOTE:** If this is a debit it should be entered as a negative number. If this is a credit it should be entered as a positive number.

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, 2024.

Signature: _____

Printed Name: _____

Title: _____

Telephone Number: _____

Fee Reports are no longer accepted via email, mail, or fax.

Return Completed Forms at <https://iurc.portal.in.gov> File a Document > General Submission

Questions can be directed to feebilling@urc.in.gov