

Exhibit A

**NORTH FORT BEND WATER AUTHORITY
Pumpage and Billing Form (rates effective 1/1/2010)**

Name of Well Owner: _____

Check the billing period for which this report is being filed

	<i>Billing Period</i>	<i>Rate</i>	<i>Due Date</i>
<input type="checkbox"/>	January 1-31, 2010	\$0.90	February 28, 2010
<input type="checkbox"/>	February 1-28, 2010	\$0.90	March 31, 2010
<input type="checkbox"/>	March 1-31, 2010	\$0.90	April 30, 2010
<input type="checkbox"/>	April 1-30, 2010	\$0.90	May 31, 2010
<input type="checkbox"/>	May 1-31, 2010	\$0.90	June 30, 2010
<input type="checkbox"/>	June 1-30, 2010	\$0.90	July 31, 2010
<input type="checkbox"/>	July 1-31, 2010	\$0.90	August 31, 2010
<input type="checkbox"/>	August 1-31, 2010	\$0.90	September 30, 2010
<input type="checkbox"/>	September 1-30, 2010	\$0.90	October 31, 2010
<input type="checkbox"/>	October 1-31, 2010	\$0.90	November 30, 2010
<input type="checkbox"/>	November 1-30, 2010	\$0.90	December 31, 2010
<input type="checkbox"/>	December 1-31, 2010	\$0.90	January 31, 2011

Gallons of Water Pumped and Imported for Billing Period

FBSD* Well ID #	Start Meter Reading	End Meter Reading	Total
Well #1			
Well #2			
Well #3			
Well #4			
Imported Water			
For additional wells, attach a second reporting form and put total from all wells below.			
ALL			

1	Enter total gallons of water pumped and imported	
2	Divide by 1,000	
3	Total fee due (multiply line 2 x 0.90)	
4	Add late payment penalty, if applicable (5% if more than 10 days after due date, 10% if more than 30 days after due date)	
5	Add late payment interest, if more than 10 days after due date (4.25% per annum)	
6	Total due	

I declare that the above information is true and correct to the best of my knowledge and belief.

Dated: _____

Name: _____

By: _____

Title: _____

Make check payable to:
North Fort Bend Water Authority c/o AVANTA Services
5635 Northwest Central Drive, Suite 104E
Houston, TX 77092
Phone: (713) 934-9110; Fax: (713) 934-9443

If your monthly fee is less than \$1.00, your payment is deferred until your cumulative fees equal or exceed \$1.00. You are required to complete and submit this form monthly even if you owe no funds for that month.

*Fort Bend Subsidence District