

EXHIBIT A
NORTH FORT BEND WATER AUTHORITY
Pumpage/Surface Water and Billing Form Effective January 1, 2024

Name of Well Owner or Recipient of Surface Water: _____

Identify: Well #1: _____; Well #2: _____; Well #3: _____; Well #4: _____

Identify: Meter #1: _____; Meter #2: _____; Meter #3: _____; Meter #4: _____

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, 2024	\$4.55 pumpage/ \$4.90 surface	February 28, 2024
<input type="checkbox"/>	February 1-28/29, 2024	\$4.55 pumpage/ \$4.90 surface	March 31, 2024
<input type="checkbox"/>	March 1-31, 2024	\$4.55 pumpage/ \$4.90 surface	April 30, 2024
<input type="checkbox"/>	April 1-30, 2024	\$4.55 pumpage/ \$4.90 surface	May 31, 2024
<input type="checkbox"/>	May 1-31, 2024	\$4.55 pumpage/ \$4.90 surface	June 30, 2024
<input type="checkbox"/>	June 1-30, 2024	\$4.55 pumpage/ \$4.90 surface	July 31, 2024
<input type="checkbox"/>	July 1-31, 2024	\$4.55 pumpage/ \$4.90 surface	August 31, 2024
<input type="checkbox"/>	August 1-31, 2024	\$4.55 pumpage/ \$4.90 surface	September 30, 2024
<input type="checkbox"/>	September 1-30, 2024	\$4.55 pumpage/ \$4.90 surface	October 31, 2024
<input type="checkbox"/>	October 1-31, 2024	\$4.55 pumpage/ \$4.90 surface	November 30, 2024
<input type="checkbox"/>	November 1-30, 2024	\$4.55 pumpage/ \$4.90 surface	December 31, 2024
<input type="checkbox"/>	December 1-31, 2024	\$4.55 pumpage/ \$4.90 surface	January 31, 2025

Gallons of Water Pumped, Imported, or Purchased for Billing Period

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

1	Enter total gallons of water pumped	
2	Divide by 1,000	
3	Total pumpage fee due (multiply line 2 x 4.55)	
4	Enter total gallons of surface water received	
5	Divide by 1,000	
6	Total surface water fee due (multiply line 5 x 4.90)	
7	Enter total gallons of water imported	
8	Divide by 1,000	
9	Total import fee due (multiply line 8 x 4.55 or 4.90)	
10	LESS APPLICABLE CREDIT DUE FROM CAPITAL CONTRIBUTION	
11	Total due (add lines 3, 6, and 9 then subtract line 10)	

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

Dated: _____

By: _____

Name: _____

Title: _____

If your payment is received late (as defined in the Authority's Amended Rate Order) the Authority will send you an invoice for the late penalties and interest set forth in the Authority's Amended Rate Order.

Make check payable to: North Fort Bend Water Authority; c/o Municipal Accounts & Consulting, L.P., 1281 Brittonmoore Road, Houston, TX 77043 (**rates effective 1/1/2024**)

NOTE: This Form is to be used only in the event that the Authority's Online Reporting System is unavailable.