COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Meads Ranch	ADEQ Public Water System Number:	PWS 04-015

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	69	29	37	
FEBRUARY	69	20	32	
MARCH	69	26	30	
APRIL	69	34	41	
MAY	74	54	62	
JUNE	74	127	135	
JULY	69	108	118	
AUGUST	69	91	112	
SEPTEMBER	69	72	82	
OCTOBER	69	81	90	
NOVEMBER	69	50	58	
DECEMBER	69	40	51	
	TOTALS →	747	853	none

What is the level of arsenic for each well on your system? .0013 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? ____GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: Payson Water Co., Inc.			
Name of System: Whispering Pines	ADEQ Public Water System Number:	PWS 04-039	

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	151	225	336	
FEBRUARY	151	191	214	
MARCH	151	181	198	
APRIL	151	215	293	
MAY	149	365	382	
JUNE	149	600	791	
JULY	148	933	889	
AUGUST	147	610	607	
SEPTEMBER	147	411	566	
OCTOBER	146	413	540	
NOVEMBER	147	357	376	
DECEMBER	146	243	284	
	TOTALS →	4749	5491	none

What is the level of arsenic for each well on your system? .0003 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? ____GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: Payson Water Co., Inc.			
Name of System: Flowing Springs	ADEQ Public Water System Number:	PWS 04-027	

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	29	59	63	
FEBRUARY	29	40	41	
MARCH	29	47	51	
APRIL	29	49	52	
MAY	28	86	97	
JUNE	28	181	184	
JULY	27	159	163	
AUGUST	28	127	130	
SEPTEMBER	28	102	110	
OCTOBER	28	126	132	
NOVEMBER	29	56	62	
DECEMBER	29	52	60	
	TOTALS →	1089	1139	none

What is the level of arsenic for each well on your system? .003 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? ____GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Gisela/TCS	ADEQ Public Water System Number:	PWS 04-346

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	163	655	563	
FEBRUARY	164	683	668	
MARCH	160	625	566	
APRIL	160	937	818	
MAY	162	1195	1012	
JUNE	162	1789	1524	
JULY	162	1813	1568	
AUGUST	162	1468	1305	
SEPTEMBER	162	1399	1278	
OCTOBER	161	1164	1036	
NOVEMBER	160	943	901	
DECEMBER	162	681	758	
	TOTALS →	13357	12002	none

What is the level of arsenic for each well on your system? .0016 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? ____GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: Payson Water Co., Inc.	
Name of System: Star Valley/Quail Valley	ADEQ Public Water System Number: PWS 04-037

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	365	1515	1740	
FEBRUARY	365	1099	1220	
MARCH	366	1105	1202	
APRIL	366	1677	1774	
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
	TOTALS →	5,396	5923	none

What is the level of arsenic for each well on your system? .003 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 1000GPM for 1 hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

Compliance
Revised

COMPANY NAME: Payson Water Co., Inc.	
Name of System: East Verde Park Estates	ADEQ Public Water System Number: PWS 04-026

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	143	179	208	
FEBRUARY	141	251	329	
MARCH	141	268	282	
APRIL	141	311	342	
MAY	141	369	373	
JUNE	142	494	486	74
JULY	141	414	333	74
AUGUST	140	356	354	15
SEPTEMBER	141	304	334	
OCTOBER	141	314	330	26
NOVEMBER	141	242	281	18
DECEMBER	140	228	145	
	TOTALS →	3736	3801	207

What is the level of arsenic for each well on your system? .003 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? ____GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

RECEIVED
JAN 13 2014
AZ CORP COMM
Director - Utilities

COMPANY NAME: Payson Water Co., Inc.	
Name of System: East Verde Park Estates	ADEQ Public Water System Number: PWS 04-026

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	143	179		
FEBRUARY	141	251		
MARCH	141	268		
APRIL	141	311		
MAY	141	369		
JUNE	142	494		74
JULY	141	414		74
AUGUST	140	356		15
SEPTEMBER	141	304		
OCTOBER	141	314		26
NOVEMBER	141	242		18
DECEMBER	140	228		
	TOTALS →	3736	5923	207

What is the level of arsenic for each well on your system? .003 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? ____GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

	2012 Gallons						
	MdC Water Purchased TOP	MdC Water Purchased WSA	MdC Water Purchased Total	EVP Water Purchased TOP	EVP Water Purchased WSA	EVP Water Purchased Total	Water Purchased Total
January	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0
May	51,000	508,000	559,000	0	0	0	559,000
June	286,000	0	286,000	74,000	0	74,000	360,000
July	163,000	0	163,000	74,000	0	74,000	237,000
August	47,000	0	47,000	15,000	0	15,000	62,000
September	0	2,874,000	2,874,000	0	0	0	2,874,000
October	42,000	12,470	54,470	26,000	0	26,000	80,470
November	0	0	0	18,000	0	18,000	18,000
December	0	10,110	10,110	0	0	0	10,110
Total	589,000	3,404,580	3,993,580	207,000	0	207,000	4,200,580

COMPANY NAME: Payson Water Co., Inc.		
Name of System: Mesa del Caballo	ADEQ Public Water System Number:	PWS 04-030

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	364	1001	1005	
FEBRUARY	361	1010	1170	
MARCH	364	940	977	
APRIL	364	1093	1192	
MAY	361	1125	1187	508
JUNE	362	1279	1226	
JULY	365	1292	1298	
AUGUST	360	1129	1163	
SEPTEMBER	362	1072	1243	2874
OCTOBER	363	1022	1105	12
NOVEMBER	363	951	1003	
DECEMBER	364	1029	1066	10
	TOTALS →	12948	13441	3404

What is the level of arsenic for each well on your system? .003 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? ____GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
(X) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (X) No

If yes, provide the GPCPD amount: n/a

Note: If you are filing for more than one system, please provide separate data sheets for each system.

	2012 Gallons						
	MdC Water Purchased TOP	MdC Water Purchased WSA	MdC Water Purchased Total	EVP Water Purchased TOP	EVP Water Purchased WSA	EVP Water Purchased Total	Water Purchased Total
January	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0
May	51,000	508,000	559,000	0	0	0	559,000
June	286,000	0	286,000	74,000	0	74,000	360,000
July	163,000	0	163,000	74,000	0	74,000	237,000
August	47,000	0	47,000	15,000	0	15,000	62,000
September	0	2,874,000	2,874,000	0	0	0	2,874,000
October	42,000	12,470	54,470	26,000	0	26,000	80,470
November	0	0	0	18,000	0	18,000	18,000
December	0	10,110	10,110	0	0	0	10,110
Total	589,000	3,404,580	3,993,580	207,000	0	207,000	4,200,580

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Geronimo Estates	ADEQ Public Water System Number:	PWS 04-028

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			0	
FEBRUARY			1	
MARCH			2	
APRIL			2	
MAY			1	
JUNE			2	
JULY			2	
AUGUST			1	
SEPTEMBER			0	
OCTOBER			1	
NOVEMBER			1	
DECEMBER			1	
TOTALS →		none	14	none

OTHER (description):

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Deer Creek	ADEQ Public Water System Number:	PWS 04-064

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			0	
FEBRUARY			1	
MARCH			1	
APRIL			2	
MAY			1	
JUNE			1	
JULY			1	
AUGUST			1	
SEPTEMBER			0	
OCTOBER			1	
NOVEMBER			1	
DECEMBER			1	
TOTALS →		none	11	none

OTHER (description):

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Meads Ranch	ADEQ Public Water System Number:	PWS 04-015

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			0	
FEBRUARY			0	
MARCH			0	
APRIL			2	
MAY			0	
JUNE			1	
JULY			0	
AUGUST			1	
SEPTEMBER			0	
OCTOBER			1	
NOVEMBER			0	
DECEMBER			1	
TOTALS →		none	6	none

OTHER (description):

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Whispering Pines	ADEQ Public Water System Number:	PWS 04-039

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			2	
FEBRUARY			0	
MARCH			1	
APRIL			2	
MAY			0	
JUNE			2	
JULY			0	
AUGUST			1	
SEPTEMBER			1	
OCTOBER			1	
NOVEMBER			2	
DECEMBER			0	
TOTALS →		none	12	none

OTHER (description):

_____

_____

_____

_____

_____

_____

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Flowing Springs	ADEQ Public Water System Number:	PWS 04-027

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			1	
FEBRUARY			0	
MARCH			0	
APRIL			1	
MAY			0	
JUNE			0	
JULY			1	
AUGUST			1	
SEPTEMBER			1	
OCTOBER			0	
NOVEMBER			1	
DECEMBER			0	
TOTALS →		none	6	none

OTHER (description):

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Gisela/TCS	ADEQ Public Water System Number:	PWS 04-346

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			1	
FEBRUARY			2	
MARCH			2	
APRIL			3	
MAY			4	
JUNE			3	
JULY			3	
AUGUST			1	
SEPTEMBER			2	
OCTOBER			2	
NOVEMBER			1	
DECEMBER			2	
TOTALS →		none	26	none

OTHER (description):

COMPANY NAME:	Payson Water Co., Inc.		
Name of System: Star Valley/Quail Valley		ADEQ Public Water System Number:	PWS 04-037

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			1	
FEBRUARY			2	
MARCH			2	
APRIL			2	
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTALS →		none	7	none

OTHER (description):

NOTE: The Town of Star Valley acquired all the operational water system assets of the Star Valley/ Quail Valley water system by means of eminent domain effective May 1, 2012.

COMPANY NAME:	Payson Water Co., Inc.	
Name of System: East Verde Park Estates	ADEQ Public Water System Number:	PWS 04-026

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			1	
FEBRUARY			2	
MARCH			3	
APRIL			3	
MAY			3	
JUNE			2	
JULY			2	
AUGUST			1	
SEPTEMBER			2	
OCTOBER			3	
NOVEMBER			2	
DECEMBER			1	
TOTALS →		none	25	none

OTHER (description):

COMPANY NAME:	Payson Water Co., Inc.		
Name of System:	Mesa del Caballo	ADEQ Public Water System Number:	PWS 04-030

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			2	
FEBRUARY			3	
MARCH			3	
APRIL			5	
MAY			4	
JUNE			5	
JULY			5	
AUGUST			4	
SEPTEMBER			6	
OCTOBER			5	
NOVEMBER			4	
DECEMBER			3	
TOTALS →		none	49	none

OTHER (description):

COMPANY NAME Payson Water Co., Inc. **YEAR ENDING 12/31/2012**

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2012 was: $ 15,816.47

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why.

VERIFICATION
AND
SWORN STATEMENT
Taxes

RECEIVED
APR 16 2013
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF CA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Kern
NAME (OWNER OR OFFICIAL) TITLE	Robert T. Hardcastle
COMPANY NAME	Payson Water Co., Inc.

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2012

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

(661) 633-7526
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME	Kern
MONTH	April ,2013

THIS 16th **DAY OF**

(SEAL)

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 8/1/2015

CRYSTAL MEADOWS
Commission # 1946505
Notary Public - California
Kern County
My Comm. Expires Aug 1, 2015

COMPANY NAME Payson Water Co., Inc. **YEAR ENDING 12/31/2012**

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported	
Estimated or Actual Federal Tax Liability	none
State Taxable Income Reported	
Estimated or Actual State Tax Liability	none

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances	none
Amount of Gross-Up Tax Collected	none
Total Grossed-Up Contributions/Advances	none

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

SIGNATURE	April 15, 2013 **DATE**
Robert T. Hardcastle **PRINTED NAME**	President **TITLE**

VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only

RECEIVED
APR 16 2013
AZ CC UTILITIES DIRECTOR

VERIFICATION

STATE OF CA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Kern
NAME (OWNER OR OFFICIAL) TITLE	Robert T. Hardcastle
COMPANY NAME	Payson Water Co., Inc.

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2012

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2012 WAS:

Arizona Intrastate Gross Operating Revenues Only ($)
$ 394,908

(THE AMOUNT IN BOX ABOVE INCLUDES $ 0 IN SALES TAXES BILLED, OR COLLECTED)

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SIGNATURE OF OWNER OR OFFICIAL

(661) 633-7526
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME	Kern	
MONTH	April	20 13

THIS 14th **DAY OF**

(SEAL)

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 8/1/2015

CRYSTAL MEADOWS
Commission # 1946505
Notary Public - California
Kern County
My Comm. Expires Aug 1, 2015

VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
Intrastate Revenues Only

RECEIVED
APR 16 2013
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

COUNTY OF (COUNTY NAME)	Kern, California		
NAME (OWNER OR OFFICIAL)	Robert T. Hardcastle	TITLE	President
COMPANY NAME	Payson Water Co., Inc.		

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2012

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2012 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

$ 394,908

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.**

THE AMOUNT IN BOX AT LEFT INCLUDES $ 0 **IN SALES TAXES BILLED, OR COLLECTED)**

SIGNATURE OF OWNER OR OFFICIAL

(661) 633-7526
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 16th **DAY OF**

NOTARY PUBLIC NAME	Crystal Meadows	
COUNTY NAME	Kern	
MONTH	April	,2013

(SEAL)

MY COMMISSION EXPIRES 8/1/2015

SIGNATURE OF NOTARY PUBLIC

CRYSTAL MEADOWS
Commission # 1946505
Notary Public - California
Kern County
My Comm. Expires Aug 1, 2015