

For Month of \_\_\_\_\_ 20 \_\_\_\_\_

Company Name: \_\_\_\_\_  
(please print)

Location: \_\_\_\_\_

Pump No.	Readings		Monthly Withdrawal	Units of Measure
	Beginning	Ending		

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared By: \_\_\_\_\_

**Send completed Report to:**

E-Mail: Andrew.Thornton@wsask.ca

OR

Fax: (306) 694-3944

OR

Mail: Water Security Agency  
 400 - 111 Fairford Street East  
 MOOSE JAW SK S6H 7X9