|  |  |  |  |
| --- | --- | --- | --- |
| **Regulatory Rate Review Status Update** | | | |
| **Year State Utility** | | | |
| **Confidential** | | | |
| **Regulatory and Finance Director: Name** | | | |
| **Preparation to File** | | | | |
| Expected Filing Date | Expected Rate  Expected Date | Test Year Base Period | Pro Forma Period  Test Period |  |
|  | | | |
| **Date** | **Date** | **Period** | **Period** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Summary of Filing** | | |
| Requested Final | | |
| Return on Rate Base (WACC) |  |  |
|  |  |  |
| Total Rate Base |  |  |
| Total Revenue Requirement |  |  |
| $ New Revenues Requested |  |  |
| % Revenue Increase |  |  |  |
| $ Impact per Customer |  |  |  |
| % of Customer Increase |  |  |  |
| Rider Information |  |  |  |