## e-FILING REPORT COVER SHEET



## COMPANY NAME:

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? XX No Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.
Select report type: RE (Electric) RG (Gas) RW (Water) RT (Telecommunications) RO (Other, for example, industry safety information)
Did you previously file a similar report? No See, report docket number:
Report is required by: XX OAR Tierra Del Mar Water Co.  Statute  Order  Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket)  Other  (For example, federal regulations, or requested by Staff)
Is this report associated with a specific docket/case? No
List Key Words for this report. We use these to improve search results.  Affiliated Interest Transaction - Tierra Del Mar Water Co.
Send the completed Cover Sheet and the Report in an email addressed to <a href="PUC.FilingCenter@state.or.us">PUC.FilingCenter@state.or.us</a>
Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 201 High Street SE Suite 100, Salem, OR 97301.

This form must be electronically filed with the Public Utility Commission of Oregon at: <a href="PUC.FilingCenter@state.or.us">PUC.FilingCenter@state.or.us</a>

on or before May 31, 20XX

If you have questions about the form call Joan Grindeland at (503) 373-1003 or email: <a href="mailto:joan.grindeland@state.or.us">joan.grindeland@state.or.us</a>

## **Affiliated Interest Annual Report for Water Utilities**

OAR 860-036-2360

		OAK 800 030 2300		
Utility Compa	any Name: Tierra Del M	ar Water Co.		
Address: 266	500 Sandlake Road, Clov	erdale, or 97112		
Telephone: 5	503-965-5140			
Email: tierra	delmarwaterco@gmail.	com		
		ions for January 1 through Decemb this format and attach additional sheets if ne		
Docket & Order No.*	Name of Affiliate And Description of Affiliation	Purpose of Transaction	Hours & Current Hourly Rate (If Applicable)	Annual Dollar Amount
2017	NO AFFILIATED	INTEREST TRANSACTIONS THIS YEAR		
	-			
Have any chainterest contr	=	ility, affiliate, or the affiliated relationsh	ips that affect any a	ffiliated
X NO YES - Using	g a separate sheet, please	explain the changes and provide any other	pertinent information	•
Signature of r	esponsible party:	neightle of Date	e: _05/02/2018	
Printed name	: _Owen G. Miller Jr	Position held in utility: _Pre	esident	
Telephone Nu	ımber:503-965-5140	E-mail: buck9711	2@outlook.com	
The Commiss	ion may request further	information regarding any affiliated inte	rest transaction.	
•	t know the docket or or e form with this section	der number, please call and I will help yo blank.	u with that informat	ion. Please

Al template Revised 2/20/2018