EXHIBIT A

To Stub-In Agreement

1. Location of Stub-Ins:

County:		**Zip:**	
Subdivision Name:		**Filing No.**	
Local Responsible Party:		**Phone No.**	

ADDRESS	BLOCK NO.	LOT NO.	TAP SIZE	TAP LICENSE NO.	SQ. FT. (LOT SIZE)	NO. OF UNITS

2. Total number of stub-in connections to be installed pursuant to this agreement: _____

3. Total administrative fees collected at $25.00 per stub-in: ..... $ _____

4. Total deposits collected: ..... $ _____

4052b/1/98

NOTE: Shaded sections MUST be completed or Exhibit will NOT be accepted.