

2019 MUNICIPAL UTILITY OFFICIAL TRAINING

EFFECTIVE APRIL 12, 2017, Tennessee law mandates that *all* members of municipal utility boards governing water and wastewater systems *must* obtain a minimum of 12 hours of training within the first year of initial election/appointment or re-election/re-appointment. Thereafter, members must obtain 12 hours of continuing education and training every three years. Failure to obtain the required training may result in sanctions imposed by the Water and Wastewater Financing Board.

TAUD's Municipal Utility Official Training sessions meet the training requirements per the State Comptroller's office. Session topics may include:

Understanding Your Audit & Top Audit Findings · Financial Oversight · Ethics & Fiduciary Responsibilities · Identity Theft · Rate Setting · Succession Planning · Internal Controls · Open Records & Open Meetings · Budgeting & Capital Planning · Customer Communications · Legal & Regulatory Update · Safe Drinking Water Act/Clean Water Act · Governing Board Roles & Responsibilities for Water & Wastewater Systems · Oversight by the Water & Wastewater Financing Board

WHEN

November 20th & 21st, 2019
8:30am - 3:00pm

WHERE

Upper Cumberland
Development District
1104 England Dr.
Cookeville, TN 38501

MEMBER PRICING

1 Session (6 hrs.) \$180
2 Sessions (12 hrs.) \$360

NON-MEMBER PRICING

1 Session (6 hrs.) \$360
2 Sessions (12 hrs.) \$720

QUESTIONS?

Contact Melanie Sain:
(615) 896-9022
melaniesain@taud.org

MUNICIPAL UTILITY OFFICIAL TRAINING | COOKEVILLE, TN | NOVEMBER 20-21, 2019

I/We plan to attend: Nov. 20th Nov. 21st

UTILITY _____

REGISTRANT 1 _____ REGISTRANT 2 _____

ADDRESS _____ CITY/STATE/ZIP _____

UTILITY PHONE (____) _____ - _____ UTILITY E-MAIL _____

Please make checks payable to TAUD. If preferred, you may use your Master Card, American Express, Discover or Visa. **Only provide your credit card information on forms that are to be direct mailed or faxed. We cannot accept credit card information via email, including attachments.**

CREDIT CARD NUMBER _____ EXP. DATE _____ TOTAL DUE _____

CARD HOLDER NAME _____ SIGNATURE _____

BILLING ADDRESS _____ CITY/STATE/ZIP _____

RECEIPT NEEDED? YES NO E-MAIL RECEIPT TO _____



SEND FORM & PAYMENT INFORMATION TO:
TAUD | PO Box 2529 | Murfreesboro, TN 37133
FAX (615) 898-8283