

**PART C**  
**Listing of jointly operated municipal agencies**  
(See filing instructions)

NAME OF AGENCY	OTHER UNIT(S) SHARING IN COSTS	YOUR PERCENT SHARE OF TOTAL COSTS	HST REBATE TO BE ADDED OR DEDUCTED FROM PART A OR B

Total adjustment to rebates on forms: \_\_\_\_\_  
(Insert this amount on Part A or B  
where indicated by ②)

**PLEASE INFORM THE UNSM IF THIS FORM IS NOT APPLICABLE  
TO YOUR UNIT**