

Calendar Year Reporting: 2016

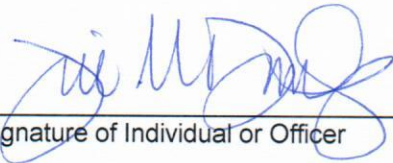
SAP Vendor No.: 159319

County: CRAWFORD

Name of Municipality: VENANGO TOWNSHIP

VERIFICATION STATEMENT

I, the undersigned, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing, if one is deemed necessary by the Public Utility Commission, in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).



Signature of Individual or Officer

1/31/2018

Date

Name of person to be contacted for additional information: JILL DUNLAP

Phone Number: 814-398-8489

Email: venangotwp@gmail.com