

Calendar Year Reporting: 2011

SAP Vendor No.: 169

County:

Name of Municipality: 65p(.re.onSk.in

## 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 (Penalty for unsworn falsification to authorities).

Signature of Itteggial or Officer \_\_\_\_\_

1/18/2018

Date

Name of person to be contacted for additional information: \_\_\_\_\_

Phone Number. 1314-345-6571\_Email. coopertownship@gotmc.net \_\_\_\_\_