

Calendar Year Reporting: 2013

SAP Vendor No.: \_\_\_\_\_

County: Mercer

Name of Municipality: Delaware 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).

Kristan L. Eastlick  
Signature of Individual or Officer

2-25-14  
Date

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

Kristan L. Eastlick

Phone Number: 724-588-2040

Email: debwtp@gmail.com