Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name

CITY OF WOLF POINT d/b/a Wolf Point Sanitation Department

(PER EXACTLY AS SHOWN ON PSC AUTHORITY)

PSC Number

9345/2

See General Instruction # 5

See General Instruction # 1

Reporting Year

2015-16

mm/yyyy to mm/yyyy format

Reporting Period (if other than calendar year)

7 / 15 to 6 / 16

CARRIER

OFFICIAL ADDRESS

SHOW AS ON FILE IN COMMISSION RECORDS)

201 4th Avenue North, Wolf Point MT 59201

Carrier e-mail address
cywpt@nemont.net

Person Completing Report

Name

Marlene R. Mahlum

Phone Number

406-653-1852 Ext. #3

E-mail Address

cywpt@nemont.net

Check One

YES

NO

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

X

If NO See General instruction #3

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601
VERIFIED STATEMENT

Schedule 5 must be completed by Class D carriers who did not generate $5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

STATEMENT:
OATH

STATE OF MONTANA

County of Roosevelt

I, the undersigned representative of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and records of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth; to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

(Signature of owner/officer/authorized representative)

City Clerk/Treasurer

(Title)

SUBSCRIBED AND SWORN to before me this 18th day of November 2016

(SEAL)

(SUZANNE O. HERZOG)

Notary Public

In and for the State of MT

Residing at Roosevelt County

My Commission Expires 3/9/19