

**COLORADO PUBLIC UTILITIES COMMISSION
PROPANE ANNUAL REPORT FORM**

Name of Utility _____ For year ending December 31, ____

Address _____

Phone _____ Fax _____ email _____

Web address _____ Toll Free Number _____

President _____ Vice President _____

| A | B | C | D | E | F |
|----|---------------------------------------|---|-----------|----------|-------|
| 1 | CATEGORY | ANNUAL VOLUME (Indicate Unit of Measure) | \$ AMOUNT | SUBTOTAL | TOTAL |
| 2 | Revenue: | | | | |
| 3 | Propane | | | | |
| 4 | Revenues from propane sales | | \$ | | \$ |
| 5 | Service & Facility Charge | | \$ | | \$ |
| 6 | Total Gross Operating Revenues | | | | \$ |
| 7 | Expenses: | | | | |
| 8 | Meter Reading and Billing: | | | | |
| 9 | Billing Service | | \$ | | \$ |
| 10 | Postage | | \$ | | \$ |
| 11 | Meter Reading | | \$ | | \$ |
| 12 | Subtotal | | | \$ | \$ |
| 13 | Other Expenses | | | | |
| 14 | Legal | | \$ | | \$ |
| 15 | Property Tax | | \$ | | \$ |
| 16 | Travel | | \$ | | \$ |
| 17 | Insurance | | \$ | | \$ |
| 18 | Collections | | \$ | | \$ |
| 19 | Subtotal | | | \$ | \$ |
| 20 | Total Expenses | | \$ | \$ | \$ |
| 21 | Operating Ratio (Line F20/F6) | | | | |

I hereby certify that I have examined this Annual Report to the Colorado Public Utilities Commission for the calendar year _____ upon which this report is based, and that to the best of my knowledge, information, and belief, all statements of fact contained in this report are true and the report is a correct statement of the business and affairs of the above named utility in respect to each and every matter set forth therein during the period from and including January 1, _____ to and including December 31, _____.

Type or print the Name and Title of individual
Attesting to the accuracy of this report

Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public My Commission expires _____.

ANNUAL REPORT IS DUE NO LATER THAN APRIL 30 FOR PRECEDING CALENDAR YEAR

Commission Designated Agent

Date _____

Name: _____

Physical Address: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

Additional Commission Designated Agent if above Commission Designated Agent does not have a Colorado Address:

Name: _____

Physical Address: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

Commission Designated Agent: Each public utility must designate a persons upon whom service of process, notices, or orders may be made for the public utility; if the utilities primary Commission designated agent in not in Colorado. The utility must provide an additional designated agent with physical address located in Colorado.

It is the responsibility of the regulated entity to maintain information on file with the Commission for persons designated when necessary. Information on file will be relied upon until it is updated by the regulated entity in writing, under oath.

Annual Report Contact

Name: _____

Physical Address: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____