

# COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

- RETAIL NATURAL GAS SUPPLIER
- RETAIL NATURAL GAS MARKETER
- RETAIL NATURAL GAS BROKER
- RETAIL NATURAL GAS AGGREGATOR
- OTHER (Describe): Governmental Aggregator

## ANNUAL REPORT

OF

City of Munroe Falls

(Exact legal name of respondent)

If name was changed during year, show also the previous name and date of change.

43 Munroe Falls Avenue, Munroe Falls, Summit Ohio 44262

Address	City	County	State	Zip Code
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(330) 688-7491

Phone: (Area Code) Number

43 Munroe Falls Avenue Munroe Falls, OH 44262

(Address of principal business office at end of year)

### TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE YEAR ENDED DECEMBER 31, 2011

Name, title, address, e-mail address, and telephone number (including area code) of the person to be contacted concerning this report.

Mark R. Burns, President, Independent Energy Consultants, Inc., 215 W Garfield Road, Suite 210 Aurora, Ohio

Email: mburns@naturalgas-electric.com, Phone: (888) 862-6060, Fax:(800) 574-4508



**IDENTITY OF RESPONDENT**

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

N/A Governmental Aggregator

2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

N/A Governmental Aggregator

3. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. Provide full particulars.

CRNGS: Case # 02-1673-GA-GAG

Certification # 02-005G(5) renewed 8/3/2010

4. Check all service territories in Ohio served by respondent:

Columbia Gas of Ohio

Dominion East Ohio

Duke Energy Ohio

Vectren Delivery of Ohio

Other (Please Explain):

5. Website URL.

[www.munroefalls.com](http://www.munroefalls.com)

## Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

For the purpose of this report, sales of natural gas are deemed to occur at the meter of a retail customer.

## SCHEDULE: 1

**STATEMENT OF INTRASTATE SALES AND REVENUES\***

<u>Natural Gas Sales/Revenues</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
1 Choice Program Retail Sales	0	\$0
<u>2 Choice Program Aggregation Sales</u>	<u>0</u>	<u>0</u>
3 Total Natural Gas Sales (1 + 2)	0	\$0

\* The information reported on this form should refer only to those sales and revenues for which certification pursuant to Section 4929.20, Revised Code, is required. Natural gas Standard Choice Offer (SCO) providers should include such SCO sales and revenues as part of Choice Program Retail Sales.

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE/INVOICES IS/ARE DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons**

Frank Larson  
Name

Mayor  
Title

mayor@munroefalls.com  
E-mail

43 Munroe Falls Avenue Munroe Falls, Ohio 44262  
Address

(330) 688-7491  
Phone Number (Including Area Code)

**Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice  
should be Directed**

Frank Larson  
Name

Mayor  
Title

mayor@munroefalls.com  
E-mail

43 Munroe Falls Avenue Munroe Falls, Ohio 44262  
Address

(330) 688-7491  
Phone Number (Including Area Code)

**Name and Address of the President**

N/A  
Name

N/A  
Address

**VERIFICATION**

The foregoing report must be verified by the President or Chief Officer of the company.

**OATH**

State of Ohio  
County of Summit

makes oath and says that Frank Larson

s/he is Mayor

of City of Munroe Falls

that s/he has examined the foregoing report; that to the best of her/his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2011 to and including December 31, 2011.

  
\_\_\_\_\_  
(Signature of affiant.)

Sworn and subscribed before me this 13<sup>th</sup> day of March, 2012 Month/Year

  
Signature of notary

Kristina Simmons  
Resident Summit County  
Notary Public, State of Ohio  
My Commission Expires: 01/28/2014

My commission expires on \_\_\_\_\_

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**4/24/2012 12:13:45 PM**

**in**

**Case No(s). 12-0003-GE-RPT**

Summary: Annual Report City of Munroe Falls 2011 Annual Report for Competitive Retail Natural Gas Service Providers electronically filed by MARK R BURNS on behalf of City of Munroe Falls