

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
**(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)**

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

PSC Number

| | |
|--------|-----------------------------|
| 9345/2 | See General Instruction # 5 |
|--------|-----------------------------|

| | |
|--|---------------------------|
| See General Instruction # 1 | |
| Reporting Year | 2015-16 |
| Reporting Period (if other than calendar year) | mm/yyyy to mm/yyyy format |
| | 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

| |
|---------------------|
| ctywlftp@nemont.net |
|---------------------|

Person Completing Report

| | |
|----------------|----------------------|
| Name | Marlene R. Mahlum |
| Phone Number | 406-653-1852 Ext. #3 |
| E-mail Address | ctywlftp@nemont.net |

Check One

YES
NO

**WERE REGULATED INTRASTATE MOVEMENTS
CONDUCTED DURING THE FILING PERIOD?**

If NO See General
instruction #3

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

| | |
|------|---|
| Name | CITY OF WOLF POINT d/b/a Wolf Point Sanitaiton Department |
| PSC# | 9345/2 |
| YEAR | 2015-16 |

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:

| | |
|------|---|
| Name | CITY OF WOLF POINT d/b/a Wolf Point Sanitaiton Department |
| PSC# | 9345/2 |
| YEAR | 2015-16 |

OATH

STATE OF MONTANA

SS.

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.

Maureen R. Mehl
 (Signature of owner/officer/authorized representative)

 City Clerk/Treasurer

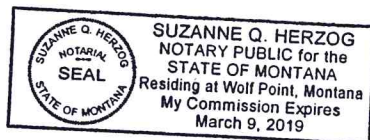
 (Title)

SUBSCRIBED AND SWORN to before me this
18th day of November 20 16

(SEAL)

Suzanne Q. Herzog

 Notary Public
 In and for the State of MT



Residing at Roosevelt County

 My Commission Expires 3/9/19

SK