



**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
Bureau of Administrative Services
Assessment Section
P.O. BOX 3265
HARRISBURG, PA 17105-3265**

February 16, 2012

To Whom It May Concern:

The Pennsylvania Public Utility Code requires each utility to pay an annual assessment to the Commission to fund the expenses of the Commission.

In order to determine each utility's appropriate assessment, the Public Utility Code requires every utility to file with the Commission an annual Assessment Report, under oath, showing its gross intrastate operating revenues for the preceding calendar year. This Assessment Report must be filed on or before March 31 of each year. Enclosed is the ASSESSMENT REPORT (Form AR-11-RR) which your company must use to report 2011 calendar year revenues.

Please read the enclosed instructions carefully. The original report must be signed, notarized, and filed with the Commission at the above address, on or before March 31, 2012.

Sincerely,

Rosemary Chiavetta, Secretary

Enclosures: Form AR-11-RR

(over)

PENNSYLVANIA PUBLIC UTILITY COMMISSION

INSTRUCTIONS FOR PREPARING 2011 ASSESSMENT REPORT FOR RAILROAD COMMON CARRIERS

You must report your gross **intrastate** operating revenue for calendar year 2011 on the 2011 Assessment Report, which is enclosed. You are required to sign, notarize, and file the 2011 Assessment Report with the Commission on or before March 31, 2012. This report form may not be modified. Please use the self-addressed return envelope enclosed. **THE PUC WILL NOT GRANT AN EXTENSION TO FILE THIS REPORT.**

WHO MUST FILE: All railroad common carriers operating within Pennsylvania.

WHERE YOU MUST FILE: You must file the 2011 Assessment report with the Pa. Public Utility Commission, P.O. Box 3265, Harrisburg, PA, 17105-3265. The address for *express* delivery service is 400 North St., Harrisburg, PA, 17120.

WHEN YOU MUST FILE: You must file the completed 2011 Assessment Report on or before March 31, 2012.

NAME AND ADDRESS: Verify that the preprinted name and address are correct. If this is not correct, cross out and print the correct information.

LINE-BY-LINE INSTRUCTIONS

Line 1. *Pennsylvania Intrastate Operating Revenue.*

Report Pennsylvania intrastate operating revenue here. Intrastate operating revenue is revenue earned from your public utility operations only within the boundaries of the Commonwealth of Pennsylvania, without deduction of expenses of any kind.

ASSESSMENT INQUIRIES: Assessment Section-(717)265-7548
Pa. PUC Assessment Section
P.O. Box 3265
Harrisburg, PA 17105-3265



COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

Web Copy

2011 ASSESSMENT REPORT-RAILROADS

THIS REPORT MUST BE FILED WITH THE COMMISSION ON OR BEFORE MARCH 31, 2012.

TRADE OR CORPORATE NAME OF UTILITY:		UTILITY CODE	APPLICATION #
CONTACT NAME:			
ADDRESS 1:		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP:			

OPERATING REVENUE FOR CALENDAR YEAR 2011 (January 1, 2011-December 31, 2011)

	REVENUE (Round to the nearest dollar.)
1. PA INTRASTATE OPERATING REVENUE	\$

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

(Signature of Individual or Officer)

(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

NOTARIZATION (Required)
Subscribed and sworn to before me

this _____ day of _____ 2012

TRADE NAME OR CORPORATE NAME OF UTILITY:

NOTARY SIGNATURE

FEDERAL ID:

TELEPHONE NO.:

Office () Ext.

Cell ()

OFFICIAL
SEAL (Official Title)

Name of person to be contacted for additional information:

(Date My Commission Expires)

Name: _____
(printed)

Telephone: _____ Ext.

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

Utility Name

X _____
Signature

Date: _____

Name (Printed)

Title