

**SUPPORTING STATEMENT FOR THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Henry and CLARA Yoder  
Name of Supporter

31 Augmore Lane      Muncy      PA      17756  
Street Address      City or Municipality      State      Zip Code

Leon and Linda FULLER  
Name of Applicant

- Describe the type of transportation service needed.

To & From school

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Home

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes

It would cost more milage

- Have you supported similar applications in the past? If so, who was the applicant?

NO

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Henry Yoder      Henry Yoder  
(Signature of Supporter)

Henry Yoder      Henry Yoder  
(Supporter's Name, printed or typed)

12-8-16  
(Date)

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APR 12 2017

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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APR 4 2017

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

File #

A-2016-2563259

905 Miller Rd  
Milney PA  
17756

HARRISBURG PA 171

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Commonwealth of PA  
P. U. C.  
400 North St 2nd Floor  
Harrisburg, PA 17120

Attn:  
Rosemary Chiavetta

17120-021199

