CSC. C. TAID INCOMM LOC HANNIN GAPS

For questions call: 717-783-6806

Pennsylvania Public Utility Commission Bureau of Administration PO Box 3265 Harrisburg, PA 17105-3265

## UNCONVENTIONAL GAS WELL FUND USAGE REPORT

	OlfActit Piritain in any analysis	
Cal	endar Year Reporting: 2013 SAP Vendor No.: _	•
Cou	nty: Tioga Name of Municipality: Brook Field	Tourship
Cou	nty / Municipal Website:	
Con	tact Name: Carolyn Good Title: Secretar	y Treasurer
	ress: 2205 California Rd Email Address: bro	OKturp @ Verizon. N
	ress 2: Telephane No.: 8/4-3	•
City	( \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
רסז	AL AMOUNT OF FUNDS RECEIVED: 484,646.29	The state of the s
	E OF UNCONVENTIONAL GAS WELL FUNDS -	AMOUNT [rounded to the negatifunded]
1.	Construction, reconstruction, maintenance and repair of roadways, bridges and public infrastructure.	
2.	Water, storm water and sewer systems, including construction, reconstruction, maintenance and repair	
3.	Emergency preparedness and public safety, including law enforcement and fire services, hazardous material response, 911, equipment acquisition and other services	
4.	Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation	
5.	Preservation and reclamation of surface and subsurface waters and water supplies	
6.	Tax reductions, including homestead exclusions	
7.	Projects to increase the availability of safe and affordable housing to residents	ļ
8.	Records management, geographic information systems and information technology	
9.	The delivery of social services	
10.	Judicial services	
11.	Deposit into the municipality's capital reserve fund if the funds are used solely for a purpose set forth in Act 13 of 2012	84,646.29
12.	Career and technical centers for training of workers in the oil and gas industry	
13.	Local or regional planning initiatives under the act of July 31, 1968 (P.L. 805, No. 247), known as the Pennsylvania Municipalities Planning Code	
	TOTAL FUND USAGE	84,646.29

p.3

Brosinicia remininp	pio		
Feb. 6. 2013 10:31AM PUC ADMIN SVCS	ND. Z500 7, 3		
Calendar Year Reporting: 2012	SAP Vendor No.:		
County: T1092 Name of Munici	sipality: Brook Cield Township		
VERIFICATION	STATEMENT		
I, the undersigned, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing, if one is deemed necessary by the Public Utility Commission, in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).			
	•		
Signature of Individual or Officer	<u> </u>		
Name of person to be contacted for additional information: _  Phone Number: 814-367-5704	Carolyn Good Email: brooktup & VPrizon Net		