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PUBLIC UTILITY COMMISSION OF TEXAS
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# Public Utility Commission of Texas

## Five-Year Report
## Required by 16 Texas Admin. Code § 25.97(e)

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**PROJECT NO. _____**

**AFFECTED ENTITY: _____**

### General Information

Pursuant to 16 Texas Admin. Code § 25.97(e)(1), not later than May 1 every five years, each affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts must submit this report. The first report must be submitted not later than May 1, 2020.

### Instructions

Answer all questions, fill-in all blanks, and have the report notarized in the Affidavit.

### Affidavit

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

### Filing Instructions

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit to:

Central Records Filing Clerk
Public Utility Commission of Texas
1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326
Telephone: (512) 936-7180

**Affected Entity:** _____ **PROJECT NO.** _____

**1. Historical five-year reporting period:** _____

What percentage of overhead transmission facilities greater than 60 kilovolts did you inspect for compliance with the National Electric Safety Code (NESC) relating to vertical clearance in the historical five-year reporting period?

**Affected Entity:** _____ **PROJECT NO.** _____

**2. Future five-year reporting period:** _____

What percentage of overhead transmission facilities greater than 60 kilovolts do you anticipate you will inspect for compliance with the NESC relating to vertical clearance during the future five-year reporting period beginning on January 1 of the year in which this report is submitted?

**Affected Entity:** _____ **PROJECT NO.** _____

# AFFIDAVIT

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

_____
Signature

_____
Printed Name

_____
Job Title

_____
Name of Affected Entity

**Sworn and subscribed before me this** _____ **day of** _____, _____.
Month Year

_____

Notary Public in and For the State of _____.

My commission expires on _____.