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Public Utility Commission of Texas

Annual Report Required by 16 Texas Admin. Code § 25.97(f)

PROJECT NO. 54435

AFFECTED ENTITY: City of Seymour

General Information

Pursuant to 16 Texas Admin. Code § 25.97(f)(1), not later than May 1 of each year, each affected entity must submit this report for the preceding calendar year. 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. If you check no in part 1.a, leave parts 1.b-d blank.

Violations resulting from, and incidents, fatalities, or injuries attributable to a violation resulting from, a natural disaster, weather event, or man-made act or force outside of an affected entity's control are not required to be reported.

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:

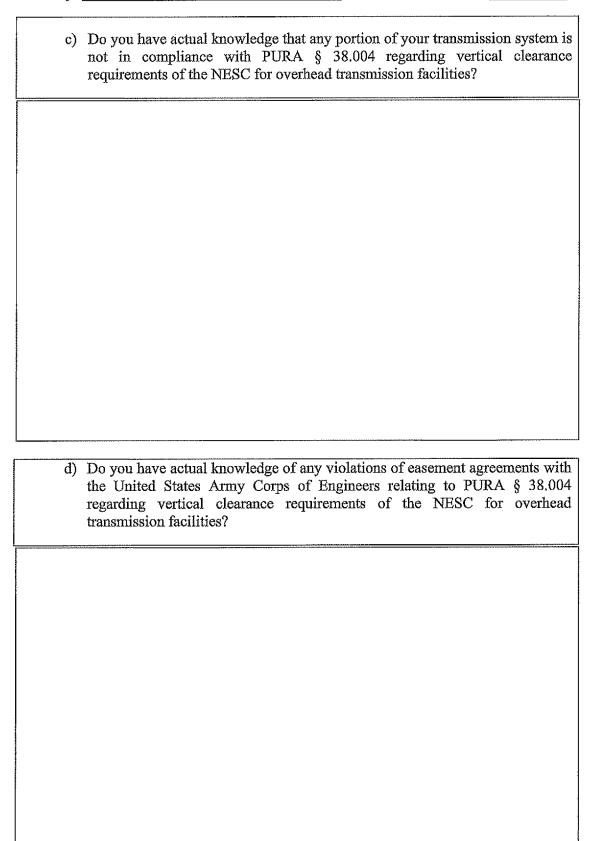
Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326 Telephone: (512) 936-7180

Annual Report Form Last Updated in Project No. 49827

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1. This part applies only to an affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts.				
a) Does this part 1 apply to you? Yes No 🔽				
b) Provide the number of identified occurrences of noncompliance with Public Utility Regulatory Act (PURA) § 38.004 regarding vertical clearance requirements of the National Electrical Safety Code (NESC) for overhead transmission facilities.				



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b) Provide a description of corrective actions taken or planned to prevent the reoccurrence of fatalities or injuries described in subpart a), immediately above.

Not Applicable (N/A).

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.

John SReat

Signature

Dr. Jeff Brasher Printed Name

City Manager Job Title

City of Seymour Name of Affected Entity

Sworn and s	subscribed before me this 10^{+10} day of	April Month	<u>2023</u> . _{Year}
LAUREN BUSH NOTARY PUBLIC STATE OF TEXAS	Kauren Bush	,	
ID # 134 17231-2 My Comm. Expires 01-30-2027	Notary Public in and For the State of My commission expires on $1 - 3$	Texas 0-202	<u>, </u>