

ANNUAL REPORT FILING GUIDE
Applicable to Liquefied Petroleum Gas Utilities
Docket No. 17-01002

Pursuant to Nevada Revised Statutes (“NRS”) 703.191, each Liquefied Petroleum Gas (“LPG”) Utility must file an annual report (“report”) with the Public Utilities Commission of Nevada (“Commission”) on or before **May 15** of the year following the calendar year for which the report is submitted. **There is no grace period.**

Nevada Administrative Code (“NAC”) 704.225 and 704.534 specify the contents of the report and NRS 703.193 requires that the report be submitted under oath. The Annual Report, which includes a page for Reconciliation of Assessable Revenues and an Oath page can be found on the Commission’s website at <http://puc.nv.gov>.

Please file the completed Annual Report, with accompanying Company financial statements, by mailing or hand-delivering to either of the Commission’s Offices, or electronically filing the forms in accordance with the Commission’s electronic filing requirements, which are available on the Commission’s website. You should retain copies for your files.

Public Utilities Commission of Nevada
1150 East William Street
Carson City, NV 89701-3109

or

Public Utilities Commission of Nevada
9075 W. Diablo Drive, Suite 250
Las Vegas, NV 89148-7674

Failure to submit the complete report as described above will result in rejection of the report and may subject you to an administrative fine of up to \$1,000 per day for each day of the violation pursuant to NRS 703.380, revocation of your Certificate of Public Convenience and Necessity pursuant to NRS 703.377, and/or other remedies available to the Commission.

If the mailing address or contact information for your company has changed from the last report, you must notify the Commission in writing of the change immediately. This is also required for any future changes.

Please note that the Annual Report and accompanying Company financial statements, once filed, will become a public record, unless you request portions of it to be treated as confidential. Please follow the Commission’s confidentiality procedures which are located in NAC 703.5274. If you submit any portion of your Annual Report or accompanying Company financial statements confidentially, you must complete and file a Protective Agreement with the Regulatory Operations Staff of the Commission.

If you have any questions regarding your responsibilities with regard to filing your report, please contact the Financial Analysis Division of the Regulatory Operations Staff of the Commission in Carson City at (775) 684-6155.

Liquefied Petroleum Gas Annual Report

Original:

Corrected: * If the original filing is being amended or corrected, the entire report must be resubmitted.

Date: _____

Calendar Year 2016

Docket Number 17-01002

for

1. Utility name: _____
Operator name: _____
Operator principal business address: _____

Operator's telephone number: _____
Telephone number for emergencies: _____
2. The name and title of the person making the report: _____
3. System location: _____
4. General description of LPG system:
 - a) Number of active customers: _____
 - b) Number of inactive customers: _____
 - c) Number of LPG containers in system: _____
 - d) Sizes of LPG containers in system and number of customers served by each container:

5. Customer charges:

- a) Highest price charged (per unit volume) customers during the calendar year: \$ _____
- b) Lowest price charged (per unit volume) customers during the calendar year: \$ _____
- c) Last price charged (per unit volume) customers during the calendar year: \$ _____
- d) Any other charges: _____

6. Detailed information regarding customer charges:

- a) Metering unit of measure (e.g., cubic feet, gallons, etc.): _____
- b) Billing unit of measure (e.g., cubic feet, gallons, etc.): _____
- c) If the metering unit of measure is different from the billing unit of measure, identify all applicable conversion formulas or factors:

- d) Are customers billed a flat monthly charge in addition to the charge for LPG?
(Check one) **Yes** or **No** *If Yes, amount of the flat monthly charge: \$ _____*
- e) Identify and state the amount of any other charge that is based on customer usage per billing unit of measure:

- f) Please provide a sample bill calculation for a customer using 750 billing units that shows all the individual billing components, and identify the utility's tariff page and section where each billing component and rate is found. (Attach a separate sheet if necessary.)

7. Cost of LPG paid by Operator – the highest, lowest and last price per unit volume (identify the unit of measure) paid by the Operator for delivery of bulk LPG to the system during the reporting period.

- a) Highest price paid (per unit volume) by Operator during the calendar year: \$ _____
- b) Lowest price paid (per unit volume) by Operator during the calendar year: \$ _____
- c) Last price paid (per unit volume) by Operator during the calendar year: \$ _____
- d) Any other charges paid by Operator during calendar year:

8. Name of current supplier of bulk liquefied petroleum gas to the system:

13. Please identify any unsafe conditions that were identified during the calendar year and provide a brief explanation of all action taken by the operator to correct such unsafe conditions (attaching extra sheets if necessary).

14. Please provide the following financial information as attachments:

- a) Statement of income, which includes the income for the current and prior years, and is presented at the level of detail routinely used by company management for internal reporting purposes (if preparing a separate income statement for individual properties, eg., “Utility A” and “Utility B,” please provide the income statement for each property);
- b) Balance sheet, which includes the current and prior years and is presented at the level of detail routinely used by company management for internal reporting purposes; and
- c) Statement of intrastate revenue for the current calendar year.

PUBLIC UTILITIES COMMISSION OF NEVADA
Reconciliation of Assessable Revenues
Gas/Electric/LPG/Geothermal
Calendar Year 2016

Date: _____

Company Name: _____

Gross Intrastate Operating Revenue: \$ _____

<u>Less Non-Assessable Revenue:</u>	<u>AMOUNT:</u>
Sales for Resale	\$ _____
Provision for Rate Refunds	\$ _____
Transmission Ancillary Services	\$ _____
Wheeling Revenue	\$ _____
Capacity Revenue	\$ _____
Scheduling Revenue	\$ _____
Distribution Demand Services	\$ _____
Unbilled Revenues	\$ _____
Internal Use	\$ _____
Other (describe)	\$ _____

Total Non-Assessable Gross Intrastate Operating Revenue: \$ _____

Total Assessable Revenue: \$ _____