

150CSR1

Form No. 12

Verification

**State of West Virginia
Public Service Commission
Charleston**

[When required by a particular rule.]

Case No. _____

Case Name _____

State of _____.

County of _____, ss.

_____ [your name], the
_____ [complainant, petitioner, applicant]
named in the foregoing Case Number.

_____ being duly sworn, says that the facts and allegations therein
contained are true, except so far as they are therein stated to be on information, and that, so far as they are
therein stated to be on information, he believes them to be true.

Affiant (Signature).

Taken, sworn to and subscribed before me this ____ day of _____, _____.

Notary Public in and for the State of _____, County of _____.

My commission expires on the ____ day of _____, _____.

Notary

SEAL