



**ANNUAL REPORT OF NATURAL AND SUPPLEMENTAL GAS SUPPLY & DISPOSITION
FORM EIA-176**

This report is **mandatory** under the Federal Energy Administration Act of 1974 (Public Law 93-275). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For the sanctions and the provisions concerning the confidentiality of information submitted on this form, see instructions. **Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

PART 1. RESPONDENT IDENTIFICATION DATA	PART 2. SUBMISSION INFORMATION
<p>REPORT PERIOD: Year: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/></p> <p>EIA ID NUMBER: <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>If this is a resubmission, enter an "X" in the box: <input type="checkbox"/></p> <p>If any Respondent Identification Data has changed since the last report, enter an "X" in the box: <input type="checkbox"/></p> <p>Company Name: _____</p> <p>Operations in (State): _____</p> <p>Contact Name: _____</p> <p>Phone No.: _____ Ext: _____</p> <p>Fax No.: _____</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City: _____ State: _____ Zip: _____ - _____</p> <p>Email address: _____</p>	<p>A completed form must be filed by March 1</p> <p>Form may be submitted using one of the following methods:</p> <p>Mail to: EIA-176 U. S. Department of Energy Oil & Gas Survey Ben Franklin Station P.O. Box 279 Washington, DC 20044-0279</p> <p>Email: OOG.SURVEYS@eia.gov</p> <p>Fax: (202) 586-1076</p> <p>Secure File Transfer: https://signon.eia.doe.gov/upload/noticeoog.jsp</p> <p>Questions? Call: (877) 800-5261</p>

PART 3. COMPANY CHARACTERISTICS

A. Type of Operations (check all that apply)

1.	Distribution company - investor owned	8.	Storage operator
2.	Distribution company - municipally owned	9.	Synthetic natural gas (SNG) plant operator
3.	Distribution company - privately owned	10.	Producer
4.	Distribution company - cooperative	11.	Gatherer
5.	Distribution company - other ownership	12.	Liquefied natural gas (LNG) peak facility operator
6.	Interstate pipeline (FERC regulated)	13.	Liquefied natural gas (LNG) marine terminal
7.	Intrastate pipeline	14.	Other (specify)

B. Vehicles Powered by Natural Gas

1. Does your company's vehicle fleet include vehicles powered by natural gas? Yes No

2. If yes, how many vehicles in your company's fleet are powered by natural gas?

3. If you sell natural gas directly to the public at a fueling facility, what was the natural gas pump price on December 31 of the report year, in cents per gasoline gallon equivalent?

C. Customer Choice Program

If there is a Customer Choice program available in your service territory, enter the number of customers currently eligible for and participating in the Customer Choice program at the end of the calendar year.

	Eligible	Participating
	<input type="text"/>	<input type="text"/>
	Residential	Residential
	<input type="text"/>	<input type="text"/>
	Commercial	Commercial

D. Sales/Acquisitions

1. Did your distribution territory increase or decrease in size in the report state due to acquisition or sale this year? If Yes, please describe the sale or acquisition in the Comments box below. Yes No

Comments: (To separate one comment from another, press ALT+ENTER)

