

CRES AUTOMATIC CASE ACTION FORM

Date: **September 5, 2017**

Case Number: **13-1742-EL-GAG**

Company Name and Company Name d/b/a: **Madison Township**

Company Address: **4575 Madison Lane**

Company City/State/Zip: **Groveport, Ohio 43125**

Regulatory Contact: **Scott Belcastro**

Phone: **614-425-4885**

Email: **scott@electricssuppliers.com**

Address: **1216 Lexington Ave, Suite301**

City/State/Zip: **Mansfield, Ohio 44907**

Renewal

Action Needed:

Issue Certificate Number to:

Effective Date of Certificate:

Certificate Expires:

Renew Certificate Number from: **13-734E(2)** to: **13-734E(3)**

Effective Date of Certificate: **September 2, 2017**

Certificate Expires:

September 2, 2019

Certified To Provide the Following Services:

Retail Generation

Aggregation

Power Marketer

Power Broker

Governmental Aggregation

Revise Certificate Number: _____ to (check all applicable):

Reflect name change from: _____ to _____

Reflect address change from: _____ to _____

Correct Administrative Error:

Reflect Change of Ownership to: _____

Cancel Certificate Number:

Protect Un-redacted copies until:

Close Case File, Case Withdrawn at Applicant's Request

Close Case File

CASE NUMBER: 13-1742-EL-GAG
CASE DESCRIPTION: MADISON TOWNSHIP
DATE OF SERVICE: 9/6/2017
DOCUMENT SIGNED ON: 9/6/17

Sign Here: 

APPLICANT

PARTY OF RECORD

ATTORNEY

MADISON TOWNSHIP FRANKLIN COUNTY
 4575 MADISON LANE
 GROVEPORT, OH 43125
 Phone: 614-836-5508
 Email: WWW.MADISONTOWNSHIP.ORG

NONE

ATTORNEY

PARTY OF RECORD

ATTORNEY

none

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