

# Municipal electric utilities annual report of the Village of Silver Springs to the Public Service Commission, 2007

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**MUNICIPAL ELECTRIC UTILITIES**

**ANNUAL REPORT**

OF

**Village of Silver Springs** (3-17)

Exact legal name of reporting municipality  
(If name was changed during year, show also the previous name and date of change)

P.O. Box 317

Silver Springs, New York 14550

(Address of principal business office at end of year)

FOR THE

**Year Ended May 31, 2007**

TO THE

**STATE OF NEW YORK**

**PUBLIC SERVICE COMMISSION**

Name, title, address and telephone number (including area code), of  
the person to contact concerning this report

**Debra M. Hine, Clerk-Treasurer (585) 493-2500**

P.O. Box 317, Silver Springs, New York 14550

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