

Independent Accountant's Compilation Report

Members of the Board
Fairview Township Authority
New Cumberland, Pennsylvania

Management is responsible for the accompanying financial information included in the Annual Report of Municipal Authorities and Non-Profits – 2024 (Form DCED-CLGS-04) of Fairview Township Authority. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial information included in the accompanying Annual Report of Municipal Authorities and Non-Profits – 2024 (Form DCED-CLGS-04), nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on the financial information.

The financial information included in the Annual Report of Municipal Authorities and Non-Profits – 2024 (Form DCED-CLGS-04) is intended to comply with the requirements of the Commonwealth of Pennsylvania Department of Community and Economic Development and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Commonwealth of Pennsylvania Department of Community and Economic Development and is not intended to be, and should not be, used by anyone other than this specified party.

Brown Plus

Camp Hill, Pennsylvania
June 23, 2025

2024 ANNUAL REPORT OF MUNICIPAL AUTHORITIES AND NON-PROFITS

FAIRVIEW TOWNSHIP AUTHORITY 670968

MUNICIPAL AUTHORITY INFORMATION

Information on file

Name:	FAIRVIEW TOWNSHIP AUTHORITY
Address:	599 LEWISBERRY ROAD
	NEW CUMBERLAND, PA 17070
Phone:	(717) 901-5210
Fax:	(717) 901-5200
Contact Person:	DONALD MARTIN III
Title:	TOWNSHIP MANAGER
Email:	DONMARTIN@TWP.FAIRVIEW.PA.US
Year Authority Organized	1965
Year Authority Terminates	2037
Fiscal Year Ends (month/day):	12/31
Number of Employees	
Full Time Equivalent:	0
Part Time Equivalent:	0
Filing Status:	Inactive
Facility Type:	
Other	

SIGNATURE AND VERIFICATION

I certify that the foregoing information is correct and complete for the 2024 municipal Authority's fiscal year.

Name: **Title:**

Phone: