Comment on Proposed Rate Increase

Filing this form allows you to offer your comment, but you will not be a party to the case. The form will be placed in the document folder for review by the presiding officer, the parties to the case and Commission staff. If you wish to be a party to the case, you must file a Formal Complaint to Proposed Rate Increase.

To complete this form, please type or print legibly in ink.

1. **Customer Information**

Provide your name, mailing address, county, telephone number(s), e-mail address and utility account number.

Name ________________________________________________________________

Street/P.O. Box _________________________________ Apt # ___________________

City ________________________ State ____________ Zip _____________________

County _________________________

Telephone Number(s) Where We Can Contact You During the Day:

(_____) __________________ (home)                 (_____) __________________ (mobile)

E-mail Address (optional): ________________________________________________

Utility Account Number (from your bill)________________________________________

If your opinion involves utility service provided to a different address or in a different name than your mailing address, please list this information below.

Name ________________________________________________________________

Street/P.O. Box _________________________________________________________

City ________________________ State _____________ Zip _________________

2. **Name of Utility**

Provide the full name of the utility who filed the proposed rate increase that is the subject of your comment. The name of your utility or company is on your bill.
3. **PUC Case Docket Number**

Provide the Public Utility Commission case docket number (if known). It begins with the letter “R” and contains the year of filing and a 7-digit code, such as R-2012-1234567.

4. **Type of Utility Service**

Check the box listing the type of utility service that is the subject of your comment (check only one):

- [ ] ELECTRIC
- [ ] WASTEWATER/SEWER
- [ ] GAS
- [ ] TELEPHONE/TELECOMMUNICATIONS (local, long distance)
- [ ] WATER
- [ ] MOTOR CARRIER (e.g. taxi, moving company, limousine)
- [ ] STEAM HEAT

5. **Comment**

Describe your views about the proposed rate increase. Use additional paper if you need more space.

6. **Public Input Hearings**

A public input hearing may be scheduled in your area to give consumers an opportunity to tell the Public Utility Commission in person what you think of the proposed rate increase.

Notice of a public input hearing will be published in a newspaper of general circulation in your area, publicized through Commission press releases, and noted on the Commission's website: [www.puc.pa.gov](http://www.puc.pa.gov).
7. **Protection from Abuse**

Has a court granted a “Protection from Abuse” order that is currently in effect for your **personal safety or welfare**? The PUC needs this information to properly process your complaint so that your identity is not made public.

Has a court granted a “Protection from Abuse” order for your personal safety or welfare?

- YES □
- NO □

If your answer to the above question is “yes,” attach a copy of the current Protection from Abuse order to this Comment.

8. **Signature**

I understand that this Comment will be placed in a document folder for the review of the presiding officer, the parties to the proposed rate increase and Commission Staff. Further, I understand that by filing this Comment, I will **not** be a party to the case.

__________________________    __________________
(Signature)       (Date)

9. **Filing**

To file your Comment with the PUC, **mail** the completed form (along with any attachments) to one of the addresses listed below:

If using **U.S. Postal Service**:                      If using **overnight delivery service**:

<table>
<thead>
<tr>
<th>Secretary</th>
<th>Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Public Utility Commission</td>
<td>Pennsylvania Public Utility Commission</td>
</tr>
<tr>
<td>P.O. Box 3265</td>
<td>400 North Street</td>
</tr>
<tr>
<td>Harrisburg, PA 17105-3265</td>
<td>Commonwealth Keystone Building, 2nd Floor</td>
</tr>
<tr>
<td></td>
<td>Harrisburg, Pennsylvania 17120</td>
</tr>
</tbody>
</table>

If you have any questions about filling out this form, please contact the Secretary’s Bureau at 717-772-7777.

Keep a copy of your Comment for your records.