



November 30, 2016

RECEIVED

Rosemary Chiavetta  
Pa. Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, Pa 17120

\$3,000.00  
Check  
Check #14573

DEC - 5 2016

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Re C-2015-2498121

Ms. Chiavetta

Enclosed is a payment for the above noted case we have before the commission Please forward to the proper department.

Thank you

Sincerely;

Mark J. McEnery  
President

Enclosure

PRESS FIRMLY TO SEAL



1007



17120

U.S. POSTAGE  
PAID  
ERIE, PA  
16508  
DEC 05 16  
AMOUNT

**\$22.95**

R2304E105797-06



EI 292512012 US



Mailing Label

Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

**(DELIVERY (POSTAL USE ONLY))**

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			

**(CUSTOMER USE ONLY)**

**PAYMENT BY ACCOUNT**  
Express Mail Corporate Acct. No.

**WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature.

Federal Agency Acct. No. or  
Postal Service Acct. No.

I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY**  
 Weekend  Holiday

\_\_\_\_\_  
Mailing Signature

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code <b>16508</b>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Dal. Day	Postage <b>\$ 22.95</b>	
Date Accepted <b>12 5 16</b> Mo. Day Year	Scheduled Date of Delivery Month <b>12</b> Day <b>6</b>	Return Receipt Fee \$	
Time Accepted <b>1:49</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Flat Rate <input checked="" type="checkbox"/> or Weight <input checked="" type="checkbox"/>	Military <input type="checkbox"/>	Total Postage & Fees <b>\$ 22.95</b>	
lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Int'l Alpha Country Code	
		Acceptance Emp. Initials <b>ER</b>	

**FROM:** (PLEASE PRINT) PHONE ( ) \_\_\_\_\_

**ERIE TRANSPORTATION**  
129 East 26th St  
Erie Pa 16504

**TO:** (PLEASE PRINT) PHONE ( ) \_\_\_\_\_

**Ms Rosemary Chiouetta**  
**Pa PUC**  
**Commonwealth Keystone Bldg**  
**Harrisburg, Pa**

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

1 7 1 2 0 + [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

\_\_\_\_\_

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