

C-2010-2170452

P.S I tried to get payment  
agreement on special assistance program  
they turn me down. they write me  
and tell me I CAN get special  
help when I try they refuse me.  
I am going to try again  
I don't know what to do they  
say if I don't give them  
500 dollar they won't except  
nothing. I tried to get a medical  
form to take to my doctor they refuse  
me. Every move I try to make  
they stop me. none of the paper  
they send me must not be true  
this is the second papers I  
send you. please help me  
both houses is on the same  
bills I don't know what I  
am doing. How do I know what  
I owe on 208 WALNUT ST  
WABY PA - 19023

I never heard you CAN PAY  
ON A Bill. Even if you owe  
a certain amount, you got to  
pay 500 dollars or nothing.  
I have ~~proof~~ of what I  
say. I'm sorry for  
mistake my hand don't move  
Good.

TEN DAY SHUT OFF NOTICE (AVISO DE SUSPENSION DE SERVICIO EN 10 DIAS) FOR PECO ENERGY CHARGES ONLY.

Account Number: 9890601302 For Service To: 208 WALNUT ST Date Prepared: April 6, 2010

Past Due Amt: \$28,643.26 New Billing: \$981.71 Total Amount: \$29,624.97

Your Gas/Electric Service May Be Shut Off!

Because your bill is past due, we will shut off the service to 208 WALNUT ST on or after 8:00 a.m. on April 20, 2010.

We will NOT shut off your gas/electric service if you do ONE of the following:

- Pay \$28,643.26 in full before April 20, 2010, this includes any amount you owe on your payment plan. This notice is effective for 60 days. Show us a paid receipt for the past due amount. You may qualify for a payment agreement or special assistance programs. Call 1-888-480-1533 right away to provide us with household income and occupant information to determine your eligibility. If you dispute this balance or have other billing questions, please call our office at 1-800-494-4000.

WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.

Handwritten notes: NOT TRUE - CALL THEM THEY SAID SUPervisor SAY they won't make an argument with me Leher said take supervisor told them not to give me no help

If we shut off your gas/electric service, you may have to pay all of the following before we can turn service on:

Table with 2 columns: Description and Amount. Rows include Past Due Amount of \$28,643.26, Deposit Past Due Amount of \$0.00, Agreement Unbilled Balance \$0.00, and Total \$28,643.26\*

\*If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

\*\*If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection charge of between \$70.00 and \$1,700.00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

MEDICAL EMERGENCY NOTICE

Let us know if you or anyone presently and normally living in your home is seriously ill. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

1. Have your licensed physician or nurse practitioner certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off, phone certification must be followed by written certification within 7 days.

'AND'

2. Make arrangements to pay this bill. You must provide us with household income and occupant information to determine your payment terms while protected under the medical certification.

IMPORTANT TO KNOW

Before we shut off your utility service please read the back of this notice. You may be eligible for certain protections from shut off.

Atencion ! Este es en mensaje muy importante. Si usted no lo entiende, favor de llama a 1-888-480-1533.

Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee of \$3.50.

See other side for more information

When paying in person, please bring the entire bill

Return only this portion with your check made payable to PECO. Please write your account number on your check.



- Check here to enroll in Power Pay automatic account debit and complete form on reverse side. Check here to pledge a donation to MEAF and complete form on reverse side.

Monday through Friday 8:30 a.m. to 5:00 p.m. 1-888-480-1533

3479 1 AT 0.357 3479003479003479 011 01 GXADZ9 1 04072010

NANCY MANSON 208 WALNUT ST DARBY PA 19023-2942

Account Number 98906-01302

Payment Receipt St:

Payment Amount box

Please pay this amount immediately. \$28,643.26

000000000000000000000000

PECO Energy Co. PO BOX 13439 Philadelphia PA 19162-0439

Barcode

9890601302000000000001100000001

**EXTRA URGENT** Please Rush To Addressee

Schedule package pickup right from your home or office at [usps.com/pickup](http://usps.com/pickup)

Postage - Go to [usps.com/postageonline](http://usps.com/postageonline)

**NOON**

PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE



1007



Delivery Location For Delivery

TO: PUC SECRETARY BUREAU (PUC)  
Agency: PUC  
Floor:  
External Carrier: Express Mail

4/19/2010 9:01:44 PM



EB750082766US



EB750082766US



UNITED STATES POSTAL SERVICE

DELIVER

Delivery At

Mo. 4

Delivery At

Mo. 4

Delivery At

Mo. 4

Delivery Date

Mo. 4

Day 10

Delivery At

Mo. 4

Delivery At



|   |   |                                  |
|---|---|----------------------------------|
| ORIGIN (POSTAL SERVICE USE ONLY)  |   |                                  |
| PO ZIP Code<br>19023  | Day of Delivery<br><input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 13.68              |
| Date Accepted<br>4/16/10  | Scheduled Date of Delivery<br>4/17/10   | Return Receipt Fee<br>\$         |
| Mo. Day Year<br>4 16 10   | Month Day<br>4 17   | \$                               |
| Time Accepted<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | Scheduled Time of Delivery<br><input type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee \$ Insurance Fee \$      |
| Flat Rate <input type="checkbox"/> or Weight<br>4 lbs. 4 ozs.               | Military<br><input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                                       | Total Postage & Fees<br>\$ 13.68 |
|   | Int'l Alpha Country Code  | Acceptance Emp. Initials<br>LH   |

**CUSTOMER USE ONLY**

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

FROM: (PLEASE PRINT) PHONE ( )

Nancy Manson  
208 Walnut Street  
Darby PA 19023

TO: (PLEASE PRINT) PHONE ( )

Secretary  
PUC

**FOR PICKUP OR TRACKING**  
Visit [www.usps.com](http://www.usps.com)  
Call 1-800-222-1811

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

1 7 1 0 3 + [ ] [ ] [ ] [ ]

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



USPS packaging products have been awarded Cradle to Cradle Certification<sup>SM</sup> for their ecologically-intelligent design. For more information go to [mbdc.com/usps](http://mbdc.com/usps)  
Cradle to Cradle Certified<sup>SM</sup> is a certification mark of MBDC.

MAIL PRESS HARD. YOU ARE MAKING 3 COPIES.