

RECEIVED

JUL 24 2010

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

C-2010-2189762

July 23, 2010

Linda Fetterolf  
2428 Old Bristol rd.  
Southampton, Pa. 18966

★ Included with  
this letter is  
Notice From PECO

Account# PECO 7368700506

I Filed a Formal Complaint on  
07/21/2010.

I would like to include this  
Paper From PECO stating I have  
until July 30<sup>th</sup> 2010. ~~to~~ until  
they shut off our electric.

Again they said ~~to~~ on July 8<sup>th</sup> to  
disregard previous notice of shut off.  
And to call after the 16<sup>th</sup> of July.

Because under a Medical Cert. This  
is why I recieved the notice for  
July 30<sup>th</sup>. They turned off our electric  
on ~~the~~ July 19<sup>th</sup> even though they  
told me they would not. This notice  
confirms what they told me.

Ⓢ We want to pay our Bill, but  
can not pay the large past due all  
at once. We are working on giving →

them some kind of down payment.  
So we can be on a payment arrangement.  
We have borrowed 2 thousand dollars to  
put down on our bill, so we can make payment  
arrangements. (we should have this in the  
beginning of the week) We did not have an  
opportunity to resolve this situation before  
they shut off our service. Like stated in  
the notice we had until July 30<sup>th</sup> 2010  
to try to resolve this situation we  
are in with no electric causing no water  
too. We are trying to keep our family safe,  
and our handicapped daughter who has  
Cerebral Palsey from getting sick from the  
heat.

We were told our service would not  
be turned off when I called July 8<sup>th</sup>  
to call after the Medical Certificate is  
off after July 16<sup>th</sup> 2010. Then receiving this  
notice varifies that we had until July  
30<sup>th</sup> before service would be off.

We would like our electric back on right  
away and would like to put a down payment  
of 2 thousand dollars to get on some arrangement  
to pay past due ~~and~~ Thank you for a your help!  
Linda Lettett

**TEN DAY SHUT OFF NOTICE**  
**(AVISO DE SUSPENSIÓN DE SERVICIO EN 10 DÍAS)**  
**FOR PECO ENERGY CHARGES ONLY.**

Account Number: 7368700506  
For Service To: 2428 OLD BRISTOL RD  
Date Prepared: July 16, 2010

Past Due Amt: \$27,155.06  
New Billing: \$700.74  
Total Amount: \$27,855.80

**Your Gas/Electric Service May Be Shut Off!**

Because your bill is past due, we will shut off the service to 2428 OLD BRISTOL RD on or after 8:00 a.m. on July 30, 2010.

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

- Pay \$27,155.06 in full before July 30, 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.**

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

- Past Due Amount of **\$27,155.06**
- Deposit Past Due Amount of **\$0.00**
- Agreement Unbilled Balance **\$0.00**
- Total **\$27,155.06\***

\*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



EG333151165US



Addressee Copy  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code <b>19053</b>	Day of Delivery <b>MON</b> <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage <b>\$ 13.65</b>
Date Accepted <b>7/24/10</b> Mo. Day Year	Scheduled Date of Delivery <b>7 21</b> Month Day	Return Receipt Fee \$
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <b>10:33</b>	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> PM Military	COD Fee \$
Flat Rate <input type="checkbox"/> of Weight lbs. <b>2.9</b> ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
	Int'l Alpha Country Code	Acceptance Emp. Initials <b>K.A.</b>
Total Postage & Fees <b>\$ 13.65</b>		

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt Mo. <b>07</b> Day <b>25</b>	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <b>0545</b>	Employee Signature <b>[Signature]</b>
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

**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 ( **267-549-5470** )

**Linda Fetherolf**  
**2428 Old Bristol Rd.**  
**Holland, PA 18766**

TO: (PLEASE PRINT) PHONE ( )

**Secretary**  
**Pennsylvania Public Utility Commission**  
**400 North Street**  
**Commonwealth Keystone Building**  
**Harrisburg, PA 2nd Floor**

**FOR PICKUP OR TRACKING**

Visit **www.usps.com**

Call **1-800-222-1811**

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

**17120** +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

Protect What's Important™  
PRESS HARD. YOU ARE MAKING 3 COPIES.