



Pennsylvania Public Utility Commission



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R-2010-2100212

Informal Complaint Form

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Complaint Checklist and Instructions for the Informal Complaint Form - Please review both before filling out the Informal Complaint Form.

* Indicates Required Field. If you do not provide this information we will not make a record of your informal complaint, opinion or comment.

1. Have you called the company about your complaint?*

Yes No

2. Name and address on the monthly bill or the name of the person applying for service.

Name*	James Pullen
Street Address*	200 Southside Cir
City*	Downingtown
State/Province*	Pa
County*	Chester
Zip/Postal Code*	19335
Country*	USA

Pennsylvania PUC

AUG 30 2010

Consumer Services
CAC Division

3. Mailing address if **different** than billing address.

Street Address	
City	
State/Province	
County	
Zip/Postal Code	
Country	

4. Name of person filing the informal complaint or opinion, if different than the name in #2 above.

5. Telephone number at your home. If the telephone service was turned off by the telephone company, provide the number that is turned off. If you do not have a home telephone number, then type 000-000-0000.

Home Phone* 610-873-9404

6. Daytime telephone number where we can contact you.*

610-363-4889

7. Name of your utility company.*

Pa American Water Co

8. Your account number with the utility company.*

Your account number can be found on your utility bill.

9. Summary of problem or summary of opinion.*

RECEIVED
2010 SEP -3 PM 2:05
PA PUC
SECRETARY'S BUREAU

Pa American has filed for a 327% rate increase on their sewage treatment. This is for a rental property I own at 313 Astor ct, Downingtown, Pa (CALN TWP). This increase is excessive especially in this dreadful economy. I expect the PUC to ride heard on this type of excess. If I had the ground I would put

10. If you are requesting that the PA Public Utility Commission establish a payment agreement on an outstanding balance you owe, we need to know your gross household income. Please provide the combined gross income (income before deductions) of all adults (18 years of age or older) in the household who benefit from the public utility service, and choose the appropriate box to indicate whether the amount provided is weekly, monthly, or annual gross household income.

Gross household income:

Weekly

Monthly

Annual

11. If you are requesting that the Commission establish a payment agreement on an outstanding balance you owe, we need to know the number of adults (18 years of age or older) and children (under 18) living at the residence. Please provide this information in the boxes below.

Number of Adults (18 years of age or older):

Number of Children (under 18 years of age):

12. What do you want us to do to resolve your complaint?

I want this proposed rate increase cut back to something reasonable. A 327% increase is too much.

13. Approximate date you contacted the company.

Did not conta

14. Summary of company response.

15. Your e-mail address.*

jimpullen@homesinpa.com

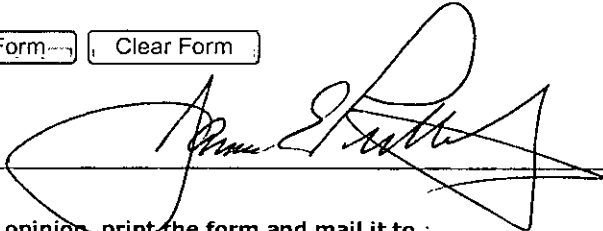
16. Sometimes the information we gather while investigating a complaint is useful in a PUC formal case or in a legal action by the PA Attorney General's Office. Do we have your permission to use information we gather during this investigation in a formal or legal action?

Yes No

Submit Form

Clear Form

* Indicates Required Field



To mail your complaint or opinion, print the form and mail it to :

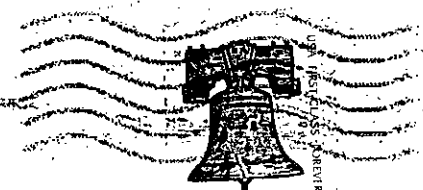
Bureau of Consumer Services
Pennsylvania Public Utility Commission
P.O. BOX 3265
Harrisburg, PA 17105-3265



Jim and Sue Pullen
 RE/MAX Action Associates
 403 W. Lincoln Highway
 Exton, Pennsylvania 19341

PHILADELPHIA PA 191

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Pennsylvania PUC

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 CAC Division

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