

**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**Formal Complaint Form - AMENDED**  
*Docket No - C - 2010 - 2183122*

**Please print in ink or type.**

**1. CUSTOMER (COMPLAINANT) INFORMATION**

Your name, mailing address, county, telephone number, utility account number and service address:

Name Robert Van Orden \_\_\_\_\_

Street/P.O. Box 5038 Lincoln Highway West

City Thomasville \_\_\_\_\_ State PA \_\_\_\_\_ Zip 17364 \_\_\_\_\_

County York \_\_\_\_\_

Daytime Telephone Number Where We Can Contact You: (717) 767-5372

E-mail Address (optional): storipoet@aol.com

Utility Account Number 100081892398  
(from your bill)

**If your complaint involves utility service provided to a different address than your mailing address, please list this information below.**

Name N/A \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. FULL NAME OF UTILITY COMPANY (RESPONDENT):**

\_\_\_\_ Metropolitan Edison \_\_\_\_\_

**3. TYPE OF UTILITY (check one)**

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(e.g., taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

RECEIVED  
2010 NOV -4 PM 3:05  
PA PUC  
SECRETARY'S BUREAU

**4. COMPLAINT (check one)**

**A. In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other (explain).

**B. State the facts of your complaint.**

Include any specific dates, times or places that may be important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

See Attached Statement

#### **4. COMPLAINT**

##### **B. State the facts of your complaint.**

Include any specific dates, times or places that may be important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

I believe that there are incorrect charges on my bill. In 2008 after I moved to my current address, I noticed that in one month my bill jumped up from around \$50 owed to \$1,000 owed. I also noticed that my bills show an actual account balance of (currently) \$2,615.65. I called Met-Ed concerned about this increase in my bill and this actual account balance of over \$2,000 that started showing up on my bill and increasing each month. I was told that this was money that I owed prior to a chapter 7 bankruptcy that I had originally filed on June 16, 2006 as a chapter 13 bankruptcy which was then converted to a chapter 7 bankruptcy which was discharged January 16, 2008. I have confirmed that Met-Ed of Reading, PA and Newman Springs, NJ were both sent a copy of this discharge order. Based on the information Met-Ed gave to me that these charges which appeared suddenly were charges that I was accountable for prior to my bankruptcy being discharged, I believe that these charges on my actual account balance are wrong and should have been discharged with my chapter 7 bankruptcy and should not have stayed on my account, nor should I be obligated to pay now what was discharged then.

**5. RELIEF**

How do you want your complaint to be resolved? Use additional paper if you need more space.

I would like the charges that were discharged in my bankruptcy to be removed from my bill, to arrange a payment agreement that I can afford on my Social Security Income, to have Met Ed accept the LIHEAP and related grant monies that they have told me they would not accept from me. I would like the lump sum of my arrearages to be paid down separately for a payment of approximately \$10-\$15 per month on top of a fixed monthly payment for my current bills.

**6. PROTECTION FROM ABUSE**

Answer the following question if your complaint is against a natural gas distribution utility, an electric distribution utility or a water distribution utility **AND** your complaint is about a billing problem, a request to receive service, a security deposit request, termination of service or a request for a payment agreement.

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

YES

NO

**7. PRIOR UTILITY CONTACT**

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES (includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

**8. LEGAL REPRESENTATION (IF ANY)**

If you are represented by a lawyer in this matter you must provide your lawyer's name, address, telephone number, and e-mail address, if known.

Lawyer's Name Marakay J. Rogers

Street 1154 Mopunt Rose Avenue

CityYork \_\_\_\_\_ State PA \_\_\_\_\_ Zip 17403 \_\_\_\_\_

Area Code/Phone Number (717)-668-7634 \_\_\_\_\_

E-mail Address (If Known) mjr91@aol.com \_\_\_\_\_

**9. VERIFICATION AND SIGNATURE**

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

**Verification:**

I Robert Van Orden, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

(see attached verification) \_\_\_\_\_ November 3, 2010 \_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
Title of authorized employee or officer

**10. FILING**

**Please return the completed form to one of the addresses listed below:**

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105-3265	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 <sup>nd</sup> Floor Harrisburg, Pennsylvania 17120
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**Facsimiles and/or electronic filings of the complaint will not be accepted.**

**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 complaint for your records.**

**BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**Robert Van Orden,  
Complainant**

v.

*C - 2010 - 2183122*

**Metropolitan Edison,  
Respondent**


**VERIFICATION**

COMMONWEALTH OF PENNSYLVANIA

SS

COUNTY OF YORK

Marakay J. Rogers, Esquire, being duly sworn according to law deposes and states that she is the attorney for Robert Van Orden, the Complainant herein and that she is authorized to present this Answer on his behalf, and that the facts set forth in the foregoing document are true and correct to the best of her understanding and belief. She also understands that false statements herein are subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification.

  
\_\_\_\_\_  
MARAKAY J. ROGERS, ESQ.  
Attorney for Defendant

Date: 11/9/10

**BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**ROBERT VAN ORDEN,  
PETITIONER**

**V.**

**DOCKET C-2010-218322**

**METROPOLITAN EDISON,  
RESPONDENT**

**CERTIFICATE OF SERVICE**

I, Marakay J. Rogers, Esquire, certify I have this \_\_\_\_ day of \_\_\_\_\_, 2010, caused a true and correct copy of the foregoing letter to be served upon the below-named by first class U.S. Mail, postage prepaid, addressed as follows:

Bradley A. Bingaman, Esquire  
Pennsylvania Electric Company  
2800 Pottsville Pike, PO Box 16001  
Reading, PA 19612-6001

Metropolitan Edison Company  
C/o Brigid M. Good, Esquire  
Ryan, Russell, Ogden & Seltzer  
1150 Berkshire Blvd., Suite 200  
Wyomissing, PA 19610-1208

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Marakay J. Rogers, Esquire  
ID No. 42912  
Attorney for Robert Van Orden  
1154 Mount Rose Avenue  
York, PA 17403  
717-668-7634  
FAX: 717-846-3422