

C-2011-2227270

timeW

BCS: 2733709
PHILADELPHIA GAS WORKS
Must be returned by January 24, 2011

Duplicate
complaint

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

Formal Complaint Form

MAR 1 2011

Please print or type.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

1. CUSTOMER NAME (COMPLAINANT)

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

Name Tyrick Myrick

Street/P.O. Box 6960 CLINTON ROAD Apt # _____

City UPPER MERION State PA Zip 19082

County _____

Area Code/HOME Phone 305-457-4989

Area Code/WORK Phone _____

Utility Account Number #0711-2259317
(from your bill)

ORIGINAL

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

Name Tyrick Myrick

Street/P.O. Box 2531 OAKFORD STREET

City PHILADELPHIA State PA Zip 19146

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P.G.W.

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE

(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER

(taxi, moving company, limousine)

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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.

IN THE P.U.C DECISION DATED 12-22-2010. IT STATES THAT: (CUSTOMER STATED "THE SERVICE WAS ON IN AUGUST 2010") I NEVER STATED THAT! WHAT WAS STATED WAS THAT, I THE OWNER WAS THE ONE - WHO LET P.G.W INTO THE PROPERTY, AND NO SERVICES WAS ON. IF SERVICES WERE ON I WOULD HAVE BEEN ABLE TO DETECT THE HAZARDS INVOLVING THE HOUSE HEATER, AND WATER HEATER.

5. RELIEF

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

IMPOSE ~~STAY~~ SANCTIONS, AND DESOLVE BILL.

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. *THEY WERE ALWAYS DECISIVE.*

8. **LÉGAL 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 _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

E-mail Address (If Known) _____

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, JYR. L MYRICK, 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).

JYR. L MYRICK
(Signature)

1-17-2011
(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, 2nd Floor
Harrisburg, Pennsylvania 17120

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.

cont.) ON "12-1-2009" I APPLIED FOR SERVICE
WAS GIVEN AN ACCOUNT NUMBER# 07112259317
AND TOLD: "THE METER NEEDED TO BE UPGRADED
AND THAT I WOULD BE CONTACTED,"

AFTER CONTINUOUS CALLING AN APPOINTMENT
WAS MADE, ON 8-9-2010, P.G.W WAS
LET INTO THE PROPERTY, AND REMOVED THE
METER.

FOR MALICIOUS REASONS ON: 8-9-2010 "P.G.W"
REQUESTED A EXPERIAN CREDIT HISTORY REPORT.
AND SAW THAT THE OWNER WAS CREDIT
WORTHLY, AND ON 8-10-2010, ISSUED A
ESTIMATED BILL, WITH A BILLING CYCLE FROM:
1-08-09 THRU 01-07-10 UNDER ACCOUNT NUMBER
#0171054148,

P.G.W CONDUCTED A PREDATORAL TACTIC, AND
ABUSED IT'S CORPATE AUTHORITY WITH AN ATTEMPT
TO EXTORT- WHILE ALLEGING THAT THE SERVICES
WAS ON | ON OCCASSIONS AFTER OWNER APPLIED FOR
SERVICES UNDER ACCOUNT NUMBER# 07112259317
ON "12-1-2009,"

NO BILL WAS FURNISHED TO THE OWNER UNDER ACCOUNT
NUMBER GIVEN. MOREOVER, THE ESTIMATED BILL WITH THE
BILLING CYCLE FROM: 1-08-2009, THRU 01-07-2010 IS
A IMMESENCE FRABRACATION, WITH A FICTEUS
ACCOUNT NUMBER.# 071054148.

cont.)

cont:)

WHY WAS I GIVEN A ESTIMATED BILL
08-10-2010, WHEN I APPLIED FOR SERVICES, AND
WAS ON RECORD WITH AN ACCOUNT NUMBER
BEFORE THE BILLING CYCLE BEGAN.

"Thank you"



Union Rd
Upper Darby PA 19082-5209

ROAD
A 19082



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MAR 1 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

**Request for Formal Complaint Form
(Notification of Intent to Appeal)**

Timely

Notice to Customer:

If you sign and return this form, you are telling the Public Utility Commission that you want to appeal this decision. Do not return this form unless you want to appeal this decision.

If you want to appeal, you must return this form within 20 days of 12/22/2010. The Commission will send you formal complaint forms if you return this form.

You must comply with this decision until the Public Utility Commission completes the formal complaint process. You must make all of the required payments or the utility company may shut off your service.

Sincerely,
Pennsylvania Public Utility Commission

Yes, I want to appeal this decision. Please send formal complaint forms to me at the following address:

Customer name and address:
(Please correct any mistakes.)

TYRIK MYRICK
6960 CLINTON ROAD
UPPER DARBY PA 19082

(Area Code) Telephone Number
BCS: 2733709
Company: PHILADELPHIA GAS
WORKS


Signature

Date of Mailing: 12/22/2010

Mail this completed form to:

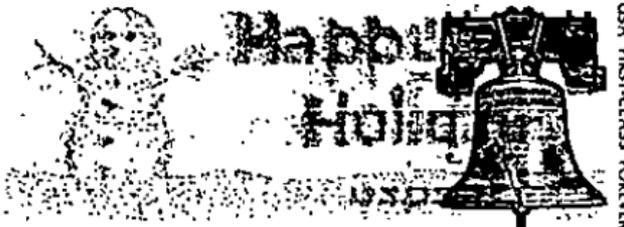
Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

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PA P.U.C.
SECRETARY'S BUREAU

Tyrik J Myrick
6960 Clinton Rd
Upper Darby PA 19082-5209

PA 191

PA 2 L



SECRETARY

PENNSYLVANIA PUBLIC UTILITY COMMISSION

P. O. BOX 3265

HARRISBURG, PA 17105-3265

17105+3265

