

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED

APR 12 2011

Please print in ink or type.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

1. CUSTOMER (COMPLAINANT) INFORMATION

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

Name ZONDRA Spence

Street/P.O. Box 251 Wickes Rd. Apt # _____

City Bushkill State PA Zip 18324

County Pike

Daytime Telephone Number Where We Can Contact You: (570) 431-4400

E-mail Address (optional): -

Utility Account Number -
(from your bill)

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

Name -

Street/P.O. Box -

City - State - Zip -

2. FULL NAME OF UTILITY COMPANY (RESPONDENT):

Met-Ed.

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE

(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER

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

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). *See ATTACHED*

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

5. **RELIEF**

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

See ATTACHED

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

See ATTACHED

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.

See ATTACHED

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 _____

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, ZONDERA Spence, 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).

Zondera Spence
(Signature)

4/07/11
(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 nd 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.

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, Pa 17105-3265

April 7, 2011

Re: Formal Complaint

The attached does not state a deadline. I received the attached complaint form on April 4th, 2011.

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4. (A.) Other.

B.) I need electric services. In actuality, the current services are not in my name. I should not be held fully responsible for the arrears. I am disabled. I am on a fixed income. I have recently been assaulted. In addition to my disability, I have been diagnosed with severe rheumatoid (crippling) arthritis. I am currently on potent medication which requires constant refrigeration, for which I have supplied PUC with the requested physician's documentation.

According to Mr. Brown, the arrears had been paid by him. Since this is not my account, I had no knowledge that he had not paid the arrears.

5. I would like Met Ed to open a new account in my name. I am eligible for state programs that will enable me to keep current with the electric bill should I be granted a new account. I feel the arrears should be split, therefore, I would assume \$2,500 of Mr. Brown, the account holder's arrears. It would only be fair Mr. Brown be held responsible for the balance of his arrears. I would appreciate installments set up that I can afford on a fixed disability income. I would like to be included in the Pcap program and given time to reapply for Lheap. Originally, Lheap had agreed to assist me, once Met Ed granted me a new account. Perhaps, Met Ed would consider a more reasonable deposit, since I am unable to pay the full \$647 amount requested. This amount is more than 50% of my income. I feel these actions are discriminatory toward women, as well as towards senior citizens and the disabled.

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6. Yes. The court has granted me "Protection from Abuse" order for my personal safety and welfare.

7. Yes. I have spoken with Met Ed about this complaint. I filed a complaint with PUC.

8. No.

It is my hope that Met Ed will be willing to work with me.

Zondra Spence

A handwritten signature in cursive script that reads "Zondra Spence".



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APR 13 2011

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Place Mailing Label Here:



EG 494583374 US



UNITED STATES POSTAL SERVICE®

Mailing Label Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 18324	Day of Delivery Mon <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> 2nd Del. Day <input type="checkbox"/>	Postage \$ 18.30	
Date Accepted 4-12-11	Scheduled Date of Delivery Mon 4-13-11	Return Receipt Fee \$	
Mo. Day Year 4-12-11	Scheduled Time of Delivery Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> 3 PM <input type="checkbox"/>	COD Fee \$	Insurance Fee \$ 18.30
Time Accepted 9:38 AM	Int'l Alpha Country Code /	Total Postage \$ 18.30	Acceptance Emp. Initials MAC
Flat Rate <input type="checkbox"/> or Weight lbs. 2.307	2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>		

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day		
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day		
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day		

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT WAIVER OF SIGNATURE (Domestic Mail Only)
Express Mail Corporate Acct. No. 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.

Federal Agency Acct. No. or Postal Service Acct. No.

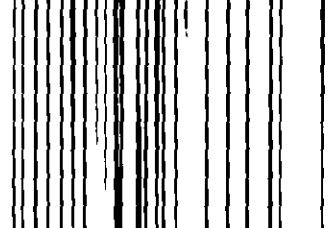
NO DELIVERY Mailer Signature
Weekend Holiday

FROM: (PLEASE PRINT) PHONE ()

ZONDRA Spence
251 Wickes Rd.
Bushkill PA. 18324

TO: (PLEASE PRINT) PHONE ()

SECRETARY
PENNSYLVANIA PUBLIC UTILITY COM.
400 NORTH STREET
COMMONWEALTH KEYSTONE BLDG.
HARRISBURG PA. 17120
2ND FL.



PRESS HARD. YOU ARE MAKING 3 COPIES.

When u affix cu (PS For

US 616 for Fo ml. ease recyc