

April 29, 2011

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

RECEIVED

APR 29 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

RE: Margaret Katz and Alan Katz for Michael Katz v PPL Electric Utilities Corporation No. F-2010-2211384

**Reply to PPL Electric Utilities Corporation Reply
to Complainants, Margaret Katz and Alan Katz's Exceptions**

Specifically, evidence to support that **Margaret Katz** was and always has been **the customer of record** and the ratepayer for electricity services provided to the residence at 3350 Airport Road -- Lot 56, Allentown, PA 18109.

1) Proof of ownership for Margaret Katz of the trailer located on Lot 56, 3350 Airport Road, Allentown, PA.

- A.** Rental Application: **Saylors Mobile Home Court** -- 2 pages
- B.** Trailer Purchase Forms -- 2 pages.
- C.** Copy of checks used to purchase the trailer in June, 2007 -- 1 page.

2) History of paying all of the other utility bills for Michael Katz.

> Monthly Maintenance at Saylors Mobile Home Court:

D. See **Commerce Bank** account statement -- check # 277 and copy of check on page 2. First Stanley Katz and now Margaret Katz has always paid the monthly lot fee (or apartment rent) at the different trailer parks Michael has lived at including **Saylors Mobile Home Court**.

> Suburban Propane:

E. Until March, 2011, Margaret Katz had an account with **Suburban Propane** to pay for fuel to heat Michael's home on Airport Road. See 7/20/08 statement with Margaret's Monroe Township address near the top and Michael's address on Airport Road near the bottom.

F. See also 11/10/08 **TB Bank** statement with copy of a \$200.00 check made out to Suburban Propane.

> Trailer Insurance:

G. Renewal cover page from **American Modern Select Insurance Company** -- note the Monroe Township, NJ address on this page.

H. Also see 5/12/10 - 6/12/10 **TD Bank** statement with copy of check # 832 made out to **American Modern Select Insurance Co.**

> Taxes:

I. See 2009 School Real Estate tax bill with Margaret Katz noted as the tax payer and her Monroe Township address.

J. Also see 6/10/9 **TD Bank** statement with copy of check # 646 made out to **C.A.S.D. (Catasauqua Area School District)** Tax Office for \$109.15.

3) **History of paying the electricity bill for Michael Katz.**

In the June 17, 2010 letter to **PPL** (included with our formal complaint), our PPL account history of first Stanley Katz, then Margaret Katz was described -- that history is summarized below:

- > **Going back to at least December, 2000**, my husband, Stanley Katz arranged for electric service for our son when he resided at 1825 Watkins Street - Apt. A5, Bethlehem, PA 18017 -- Bill Account No: **101-6016-042**. While the service was provided for Michael at 1825 Watkins Street, the bill was in my husbands name and mailed to **5 Wakefield Court, Monroe Township, NJ 08831 -- (609) 860-8067**.
- > When Michael moved to 3900 Freemansburg Avenue -- Trailer B, Bethlehem, PA 18017, my husband continued to pay for Michael's service, Bill Account No: **37660-11011**.
- > And again when Michael moved to 2100 Johnston Drive -- Apt. 8, Bethlehem, PA 18020, my husband paid the bill -- Bill Account No: **56600-46083**.
- > After being evicted from Johnston Drive, Michael then moved to 3350 Airport Road -- #56, Allentown, PA 18109. When Alan contacted **PPL** about providing service to Michael at his new and current residence at 3350 Airport Road, as before **the bill was mailed to me in New Jersey** -- Bill Account No: **65880-12039**.

After my husband died in March of 2007 and soon after Michael moved, I realized I needed assistance with paying his bills -- at the time, I was paying his monthly maintenance at **Saylor's Mobile Home Court**, his propane, trailer insurance, taxes on his trailer and his electric. When Alan called **PPL** to have the monthly bill mailed to Michael in Pennsylvania, he **requested that a copy of the bill be also mailed to me here in New Jersey**. For reasons I really don't understand, **PPL** did not honor this request.

I do know that after several months of not receiving a bill, I believed that Michael was taking care of it in a responsible way -- if there was a problem, I thought most assuredly that PPL would contact me. After all, PPL had my phone number and a record of providing service to Michael and mailing the bill to my husband here in NJ for over seven years.

4) It's relevant to our complaint to understand that **Michael has Asperger's Syndrome**. This means he is disabled and gets a small Social Security Check each month.

K. See copy of letter from the **Bureau of Autism Services** welcoming Michael to the **Adult Autism Waiver program**. Also, because Michael is unable to hold a job, my husband and I have always been responsible for paying all of his bills including the electric bill.

If **PPL** is maintaining that Michael Katz is the customer of record and the primary ratepayer in this dispute, **it's unclear why they continue to send a bill for the balance due to Margaret Katz**. We're certainly not suggesting that **PPL** go after and hold Michael Katz accountable -- we're just pointing this fact out as it relates to our Formal Complaint against **PPL** and Judge Salapa's decision to side with **PPL** in regard to their motion to dismiss our complaint. **We contend that PPL can not have it both ways** -- they cannot claim that Michael Katz is the customer of record for the purpose of dismissing our formal complaint, and at the same time, hold Margaret Katz accountable for paying the balance of the bill on **PPL** account # **65880-12057**. In fact, by now mailing a bill for nearly \$3,000 to Margaret Katz, we further contend that this is an acknowledgment by **PPL** that Margaret Katz is the individual they consider to be the actual customer of record.

Finally, it appears this problem first started when PPL assigned a new account (from # **65880-12039** to # **65880-12057**) to Michael Katz when a request was made to also mail the bill to him so he could help out with paying some of his expenses. The fact that a bill copy wasn't mailed to Margaret Katz as requested **and** that she wasn't notified after Michael's bill rose above \$250 and before it reached \$350, compounded the initial problem of her being removed from the account and made it much worse.

We repeat our revised offer to pay **\$350.00** to settle this account, as this is the upper threshold amount upon which **PPL** will send out a **10 Day Cut Off Notice** to prompt action of payment on an outstanding electric bill -- as told to me on the phone by Tim Newman of PPL in January of this year. **In lieu of this settlement offer being accepted by PPL, we're requesting that the decision to dismiss our Formal Complaint be reversed** so we can be heard and have our day in court.

Sincerely,



Alan Katz for Margaret Katz

P.O. Box 6402

Monroe Township, NJ 08831

413-824-9658

- Original and nine copies mailed to: **Rosemary Chiavetta**, Secretary, Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
- Copies mailed to: **The Office of Special Assistants**, 3rd Floor, Keystone Building, 400 North Street, Harrisburg, PA and **Kimberly G. Krupka**, Gross-McGinley, 33 South Seventh Street, P.O. Box 4060, Allentown, PA 18105-4060.

A

RENTAL APPLICATION

NAME OF APPLICANT: Katz Margaret L AGE 77
LAST FIRST INITIAL

MARITAL STATUS: Widow DATE OF BIRTH: 5/11/30 SSN: _____

NAME OF SPOUSE: _____ AGE: 77

LIST ALL PERSONS WHO WILL RESIDE IN HOME:

NAME:	<u>Michael Katz</u>	AGE:	<u>41</u>	RELATIONSHIP:	<u>Son</u>
NAME:	_____	AGE:	_____	RELATIONSHIP:	_____
NAME:	_____	AGE:	_____	RELATIONSHIP:	_____
NAME:	_____	AGE:	_____	RELATIONSHIP:	_____
NAME:	<u>/</u>	AGE:	_____	RELATIONSHIP:	_____

PRESENT ADDRESS: 5 Wakefield Ct

CITY: Monroe Twp STATE: NY ZIP: 08831

HOW LONG HAVE YOU RESIDED AT THIS ADDRESS?: 12 1/2 yrs PHONE #: 609-860-8067

LANDLORD'S NAME: Own home

ADDRESS: _____

PREVIOUS ADDRESS: (IF ABOVE IS LESS THAN 2 YRS

CITY: _____ STATE: _____ ZIP: _____

HOW LONG HAVE YOU RESIDED AT THIS ADDRESS?: _____ PHONE #: _____

LANDLORD'S NAME: _____

ADDRESS: _____

APPLICANT'S EMPLOYER Retired PHONE #: _____

ADDRESS: _____ POSITION: _____

LENGTH OF EMPLOYMENT _____ MONTHLY'S: _____

IN CASE OF EMERGENCY NOTIFY: Alan Katz RELATIONSHIP: Brother

ADDRESS 5 Wakefield Ct PHONE #: 413-824-9658

DO YOU OWN/INTEND TO OWN A PET Monroe Twp WHAT KIND? _____
NO NY 08831

YEAR / MAKE OF AUTOMOBILE(S): _____ LICENSE #: _____

2006 HONDA ACCORD LICENSE #: K0861 51800

55302

MOBILE HOME MAKE VICTORIAN SERIAL # IV 5414 CDFL 1
YEAR 1989 SIZE 54' X 14'
PURCHASED FROM SAYLOR'S MOBILE HOME PARK ADDRESS 3350 AIRPORT ROAD,
FINANCED BY _____ ADDRESS ALLEN TOWN, PA 18103
AMOUNT OF LOAN NONE # OF PAYMENTS: —

TYPE OF HEAT (OIL, GAS, ELECTRIC) _____
OWNER'S NAME MARGARET KATZ
ADDRESS 5 WAKEFIELD COURT, MONROE TWP, NJ

CREDIT REFERENCES:

08831

NAME _____ ADDRESS _____ ACCT# 4147 0923 5036
CAPITAL ONE, PO BOX 85617, RICHMOND, VA 23285 9743

NAME _____ ADDRESS _____ ACCT# 609 860 8067 884 79Y
VERIZON, 140 WEST STREET, NEW YORK, NY 10007

NAME _____ ADDRESS WDO05X ACCT# _____ MONROE TWP,
GREENBRIAR @ WHITTINGHAM, 100 WHITTINGHAM DRIVE, NJ 08831

PSELA WILSON PERSONAL REFERENCES 609-860-9292

NAME _____ ADDRESS 66 BIRMINGHAM LANE, MONROE TWP, NJ PHONE 08831

NAME _____ ADDRESS _____ PHONE 561-637-9722
ESTA PEARL, 869 FLANDERS S, DELRAY BEACH, FL 33484

"I/We the undersigned hereby apply for residency/tenancy. I/We understand that _____ may investigate our credit, financial, criminal and background information as part of the my/our application tenancy. I/We understand that any information received as private, and may not be disclosed to anyone except with my/our consent or by direction of a proper government agency or court order. I/We represent that the information contained in this application is true and correct and we understand this information will be relied upon evaluating my/our application for tenancy/residency. Any false information will be grounds for termination or any Lease entered into in reliance upon the information provided in this application.

Signed: _____

Signed: Margaret Katz

Drivers License# _____

Drivers License# K0861 51800 55302

Date _____

Date 6/18/07

MV-4ST (5-00)				I. TAX/FEES		1ST ASSIGNMENT		2nd ASSIGNMENT				
A. VEHICLE PURCHASED	PA TITLE NUMBER (AS SHOWN ON ATTACHED TITLE) <i>44174041004 PA</i>		MAKE OF VEHICLE <i>VICTORIA</i>		MODEL YEAR <i>87</i>		PURCHASE PRICE (See note on reverse) <i>12500</i>					
	VEHICLE IDENTIFICATION NUMBER <i>1V5H1H06L112001</i>		CONDITION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR				LESS TRADE-IN					
B. SELLER	LAST NAME (OR FULL BUSINESS NAME) <i>Faylors Mobile Home Park, Inc</i>		FIRST NAME		MIDDLE INITIAL		TAXABLE AMOUNT <i>12500</i>					
	CO-SELLER						1. Sales Tax Due x 6% (.06) or x 7% (.07) (See note on reverse).					
C. 1ST PURCHASER	LAST NAME (OR FULL BUSINESS NAME) <i>KATE DUNN</i>		FIRST NAME		MIDDLE INITIAL		1A Exemption Reason Code (must be a number from 1 to 23 or 0) <i>70</i>					
	CO-PURCHASER						1B First Assignment		1B Second Assignment			
	STREET <i>3350 Airport Rd Lot #50</i>		CITY <i>Atlanta GA</i>		STATE <i>GA</i>		ZIP CODE <i>30309</i>		2. Tit's Fee <i>62.50</i>			
	COUNTY CODE <i>39</i>		REFER TO COUNTY CODES LISTING ON REVERSE SIDE OF PINK COPY				3. Lien Fee					
D. 2ND PURCHASER	LAST NAME (OR FULL BUSINESS NAME)		FIRST NAME		MIDDLE INITIAL		DATE ACQUIRED/ PURCHASED		4. Registration or Processing Fee			
	CO-PURCHASER								Fee Exempt Number as assigned by the Bureau			
	STREET		CITY		STATE		ZIP CODE		5. Duplicate Reg. Fee No. of Cards			
	COUNTY CODE		REFER TO COUNTY CODES LISTING ON REVERSE SIDE OF PINK COPY						6. Transfer Fee			
E. VEHICLE TRADED	MAKE OF VEHICLE		VEHICLE IDENTIFICATION NUMBER		MODEL YEAR		BODY TYPE (CP, TK, ETC.)		CONDITION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			
									7. Increase Fee			
F. APPLICATION FOR REGISTRATION	ORIGINAL PLATE <input checked="" type="checkbox"/> Check One		<input type="checkbox"/> TRANSFER OF PREVIOUSLY ISSUED PLATE		REASON FOR REPLACEMENT <input type="checkbox"/> LOST <input type="checkbox"/> DEFACED <input type="checkbox"/> STOLEN		TOTAL PAID (Add 1 thru 8) <i>23.50</i>		9.			
	<input type="checkbox"/> PLATE TO BE ISSUED BY BUREAU (PROOF OF INSURANCE MUST BE ATTACHED.)		<input type="checkbox"/> TRANSFER & RENEWAL OF PLATE		<input type="checkbox"/> NEVER RECEIVED (LOST IN MAIL) NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.		11. GRAND TOTAL (Add 9 & 10) <i>23.50</i>		Send One Check in This Amount			
	<input type="checkbox"/> EXCHANGE PLATE TO BE ISSUED BY BUREAU		<input type="checkbox"/> TRANSFER & REPLACEMENT OF PLATE		VIN							
	<input type="checkbox"/> TEMPORARY PLATE ISSUED BY FULL AGENT		<input type="checkbox"/> TRANSFER OF PLATE & REPLACEMENT OF STICKER		SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT) <i>[Signature]</i>		SIGN HERE		RELATIONSHIP TO APPLICANT			
	PLATE NO.		EXPIRES Month Year		UNLADEN WEIGHT		REQ. REG. GROSS WT. INCLUDING LOAD		REQ. REG. GROSS COMB. WT. (IF APPLICABLE)			
	TEMP. PLATE NO.		TRANSFERRED FROM TITLE NO.		INSURANCE COMPANY NAME		POLICY NO. (OR ATTACH BINDER)		POLICY EFFECTIVE DATE			
	VEHICLE PURCHASED WEIGHT INFO. (IF APPLICABLE)		GVWR		ISSUING AGENT INFORMATION		I CERTIFY THAT ON MONTH <i>12</i> DAY <i>31</i> YEAR <i>87</i> I HAVE CHECKED TO DETERMINE THAT THE VEHICLE IS INSURED AND ISSUED TEMPORARY REGISTRATION TO THE ABOVE APPLICANT IN COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE VEHICLE CODE AND DEPARTMENT REGULATIONS.		ISSUING AGENT (PRINT NAME) <i>[Name]</i>			
	INSURANCE COMPANY NAME		POLICY NO. (OR ATTACH BINDER)		POLICY EFFECTIVE DATE		POLICY EXPIRATION DATE		AGENT NO. <i>[Number]</i>			
									AGENT SIGNATURE <i>[Signature]</i>			
									TELEPHONE NO. <i>[Number]</i>			
G. CERTIFICATION	I/WE CERTIFY THAT I/WE HAVE EXAMINED AND SIGNED THIS FORM AFTER ITS COMPLETION AND THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. IF AN EXEMPTION IS CLAIMED, THE PURCHASER FURTHER CERTIFIES THAT HE/SHE IS AUTHORIZED TO CLAIM THIS EXEMPTION I/WE ACKNOWLEDGE THAT I/WE MAY LOSE MY/OUR OPERATING PRIVILEGE(S) OR VEHICLE REGISTRATION(S) FOR FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY ON THE CURRENTLY REGISTERED VEHICLE FOR THE PERIOD OF REGISTRATION I/WE ACKNOWLEDGE THAT I/WE MAY BE SUBJECT TO A FINE NOT EXCEEDING \$5,000 AND IMPRISONMENT OF NOT MORE THAN TWO YEARS FOR ANY FALSE STATEMENT THAT I/WE MAKE ON THIS FORM.											
	1ST ASSIGNMENT		Signature of First Purchaser or Authorized Signer				TELEPHONE NUMBER <i>404-305-5067</i>		Signature of Seller		Signature of Co-Seller	
	2ND ASSIGNMENT		Signature of Second Purchaser or Authorized Signer				TELEPHONE NUMBER		Signature of Seller		Signature of Co-Seller	
			Signature of Co-Purchaser/Title of Authorized Signer									
H. ADDITIONAL INFORMATION	NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate).											
	NOTE: IF THE VEHICLE IS TO BE USED AS A DAILY RENTAL OR LEASED VEHICLE, CHECK THIS BLOCK <input type="checkbox"/> . IF BLOCK IS CHECKED, COMPLETE AND ATTACH FORM MV-1L.											

If your registration documents are not received within 90 days, please contact PennDOT

MESSENGER NUMBER:



Commerce Bank, N.A.
 1701 Route 70 East
 Cherry Hill, New Jersey 08034-5400
 1-888-751-9000

10

013602INNY1N00002463

MARGARET KATZ
 JANICE ALBAN
 546 BURGUNDY L
 DELRAY BEACH FL 33484-4903

Jan 08 ✓

We're here 7 days a week, 24 hours a day at 1-888-751-9000.

50 PLUS CHECKING 6860096442

Statement Balance as of 12/11/07		\$10,450.66
Plus	6 Deposits and Other Credits	\$7,823.69
Less	14 Checks and Other Debits	\$2,726.16
Statement Balance as of 01/11/08		\$15,548.19

Transactions By Date

Date	Description	Debit	Credit	Balance
12/18/07	AC-PBC WATER UTILI -WATER BILL	\$16.30		\$10,434.36
12/19/07	CHECK # 273	\$478.30		\$9,956.06
12/21/07	CHECK # 276	\$300.00		\$9,656.06
12/24/07	AC-MACYS PAYMENT -CHECK PYMT CK-000000000000274	\$11.80		\$9,644.26
12/26/07	AC-PUTNAM D.I.V. -DIV		\$364.18	\$10,008.44
12/31/07	AC-FIRST CLEARING -CREDIT COMMERCE BANK, NA		\$5,422.54	\$15,430.98
→ 01/02/08	CHECK # 277 ←	\$330.00		\$15,100.98
01/03/08	AC-FIRST CLEARING -INCOME		\$792.92	\$15,893.90
01/03/08	AC-US TREASURY 303 -SOC SEC		\$1,243.00	\$17,136.90
01/03/08	AC-DISCOVER ARC -PAYMENTS CK-000000000000281	\$33.90		\$17,103.00
01/03/08	CHECK # 280	\$212.90		\$16,890.10
01/04/08	AC-BELLSOUTH -PHONE-SVC	\$11.80		\$16,878.30
01/07/08	AC-GREENBRIAR -CUST DEBIT	\$239.00		\$16,639.30
01/07/08	CHECK # 285	\$300.00		\$16,339.30
01/07/08	CHECK # 279	\$175.00		\$16,164.30
01/07/08	CHECK # 282	\$192.60		\$15,971.70
01/10/08	CHECK # 283	\$324.18		\$15,647.52
01/11/08	INTEREST PAYMENT		\$1.05	\$15,648.57
01/11/08	AC-AT&T MOBILITY -CHECK PYMT CK-000000000000284	\$100.38		\$15,548.19

Check Transactions

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
273	12/19	\$478.30	274	12/24	\$11.80	E 276*	12/21	\$300.00

Items denoted with an "E" are electronic entries and will not have a check image.



Bank

America's Most Convenient Bank®

TD Bank, N.A.
1701 Route 70 East
Cherry Hill, New Jersey 08034-5400
1-888-751-9000

F
/

013602INY1N00003058

MARGARET KATZ
JANICE ALBAN
548 BURGUNDY L
DELRAY BEACH FL 33484-4903

We're here 7 days a week, 24 hours a day at 1-888-751-9000.

50 PLUS CHECKING 6860096442

Statement Balance as of 10/10/08		\$24,340.21
Plus 5 Deposits and Other Credits		\$6,572.43
Less 30 Checks and Other Debits		\$3,853.70
Statement Balance as of 11/10/08		\$26,058.94

Transactions By Date

Date	Description	Debit	Credit	Balance
10/14/08	AC-PBC WATER UTILI-WATER BILL	\$18.37		\$24,321.84
10/14/08	AC-PUBLIC SERVICE E-PAYMENTS	\$44.08		\$24,277.76
10/14/08	CHECK # 475	\$45.00		\$24,232.76
10/14/08	CHECK # 473	\$224.00		\$24,008.76
10/15/08	CHECK # 478	\$50.00		\$23,958.76
10/16/08	CHECK # 483	\$100.00		\$23,858.76
10/17/08	AC-CHASE -CHECK PYMT CK-000000000000481	\$137.50		\$23,721.26
→ 10/17/08	AC-SUBURBAN PROPANE-CHECK PYMT CK-000000000000485	\$200.00		\$23,521.26
10/20/08	AC-THE STAR-LEDGER -CHECK PYMT CK-000000000000484	\$35.88		\$23,485.38
10/21/08	CHECK # 487	\$44.94		\$23,440.44
10/22/08	CHECK # 477	\$12.00		\$23,428.44
10/23/08	AC-VERIZON -PaymentREC	\$63.84		\$23,364.60
10/24/08	CHECK # 480	\$7.00		\$23,357.60
10/27/08	AC-PUTNAM D.I.V. -DIV		\$334.45	\$23,692.05
10/27/08	CHECK # 482	\$107.00		\$23,585.05
10/29/08	AC-FIRST CLEARING -CREDIT COMMERCE BANK, NA		\$3,285.07	\$26,870.12
10/29/08	CHECK # 495	\$300.00		\$26,570.12
10/30/08	SUBSTITUTE CHECK # 491	\$57.00		\$26,513.12
10/30/08	CHECK # 391	\$28.00		\$26,485.12
10/30/08	CHECK # 493	\$117.50		\$26,367.62
10/30/08	CHECK # 488	\$345.00		\$26,022.62
10/31/08	AC-AT&T SERVICES -CHECKPAYMT CK-000000000000494	\$11.24		\$26,011.38
10/31/08	AC-CAPITAL ONE ARC -CHECK PYMT CK-000000000000488	\$826.61		\$25,184.77

G.



AMERICAN MODERN SELECT INSURANCE COMPANY

Insured Name:
MICHAEL KATZ
Date Prepared: May 25, 2010
POLICY NUMBER: 085 004 590 6241

AGENT 041024:
TOWLES INSURANCE AGENCY INC
637 5TH ST
WHITEHALL PA 18052

Pr \$346 - 6/4/10
LK 832

N085 041024 0045906241 37 T60 MH
MICHAEL KATZ
→ 5 WAKEFIELD CT
MONROE TOWNSHIP NJ 08831-2607

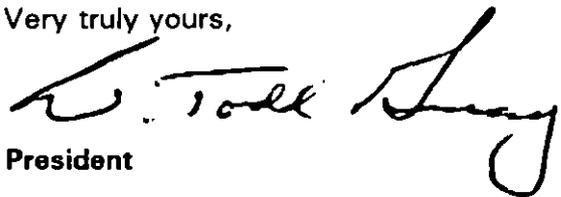
Dear Customer,

Thank you for renewing your MANUFACTURED HOME insurance coverage through American Modern Select Insurance Company. I am writing to provide you with your insurance declarations page. Please review the information carefully, and keep the documents in your records. The premium for your policy is \$346.00. You may choose to pay your policy in full, or, just pay the first installment payment shown below. Please send your payment in the envelope provided so that we receive it by June 14, 2010. For your convenience, we have enclosed an envelope with your billing statement.

You can count on us to continue providing the kind of protection and service you expect from your insurance provider. If you have questions about your policy, please contact TOWLES INS AGENCY INC 3000 at (610) 231-8755.

Again, thank you for choosing American Modern Select Insurance Company. We appreciate your business...and your trust!

Very truly yours,


President

Home owners I'm
for trailer



America's Most Convenient Bank®

STATEMENT OF ACCOUNT



MARGARET KATZ
JANICE ALBAN

Page: 3 of 7
Statement Period: May 12 2010-Jun 11 2010
Cust Ref #: 6860096442-656-I-***
Primary Account #: 686-0096442

H

ACCOUNT ACTIVITY

Transactions by Date (continued)

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
6/1	Check #813	732.25		11,255.15
6/1	Check #823	465.00		10,790.15
6/1	Check #817	45.00		10,745.15
6/1	Check #826	40.00		10,705.15
6/1	ELECTRONIC CK PMT-ARC 816 AT&T SERVICES CHECKPAYMT 0816	39.62		10,665.53
6/1	Check #796	25.00		10,640.53
6/1	Check #802	5.00		10,635.53
6/1	Check #814	5.00		10,630.53
6/2	Check #821	123.00		10,507.53
6/2	Check #825	30.00		10,477.53
6/2	Check #824	10.00		10,467.53
6/3	ACH DEPOSIT US TREASURY 303 SOC SEC ****29391A SSA		1,196.00	11,663.53
6/3	Check #815	100.00		11,563.53
6/3	ACH DEBIT LIBERTY MUTUAL PAYMENT H****804414810	66.83		11,496.70
6/4	Check #829	300.00		11,196.70
6/7	ACH DEBIT PRIME MGMT - BOC PAYMENT 92812318	288.66		10,908.04
6/7	ACH DEBIT GREENBRIAR CUST DEBIT WD005X	251.00		10,657.04
6/7	Check #822	92.53		10,564.51
6/7	Check #827	80.00		10,484.51
6/7	Check #830	60.00		10,424.51
6/8	ELECTRONIC CK PMT-ARC 831 DISCOVER ARC PAYMENTS 831	140.48		10,284.03
6/8	ELECTRONIC CK PMT-ARC 828 AT&T SERVICES CHECKPAYMT 0828	105.17		10,178.86
→ 6/9	Check #832 2	<u>346.00</u>		9,832.86
6/9	ACH DEBIT FPL DIRECT DEBIT ELEC PYMT ****573327 PPDA	40.86		9,792.00
6/11	DEPOSIT		43.00	9,835.00
6/11	INTEREST PAID		0.97	9,835.97

Checks Paid

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
5/21	781	50.00	6/1	796	25.00
5/14	795*	64.20	5/21	798*	10.00

Call 1-800-YES-2000 for 24-hour Direct Banking service



2009 SCHOOL REAL ESTATE TAX BILL

BILL # 283

TAKE CHECK PAYABLE TO:

T.A.S.D. TAX OFFICE
ADMINISTRATION OFFICE
201 N. 14TH STREET
CATASAUQUA, PA 18032
510-264-5571 OPTION 8
PROPERTY INFORMATION:
PIN: 641930356114-50
CLASS: R-RESIDENTIAL
3350 AIRPORT RD LOT 56

S TAX OFFICE HOURS 8-3 MONDAY-FRIDAY
I ADMINISTRATION OFFICE
T 201 N. 14TH STREET
I CATASAUQUA, PA 18032
N AFTER HOURS DROP BOX AVAILABLE
G DEC. 23RD-31ST BY APPOINTMENT ONLY
UNPAID TAXES TURNED OVER AS
DELINQUENT AFTER 12/31/09

Mills	50.56000
Assessment	7.000
Property Tax	\$353.92
Tax Relief Exclusion Information	
Farmstead	0
Homestead	4.797
Net Assessment	2.203
Tax Relief Amount	\$242.54

NO ACREAGE

TAX PAYER:

KATZ MARGARET & MICHAEL
5 WAKEFIELD CT
MONROE TOWNSHIP NJ 08831-2607

Bill Date	07/01/2009	2% Discount	Flat	10% Penalty
DURING THIS PERIOD		JUL-AUG	SEP-OCT	AFTER OCT
PAY THIS AMOUNT ==>		109.15	111.38	122.52
Please review instructions before selecting Installment Plan				
or if selecting Installment Plan ==>			FIRST INSTALLMENT:	37.14
			DUE DATE:	08/10/2009

COMMENTS: MILLS INCLUDE YEARLY PAYMENT OF
\$195,134 TO LEHIGH CARBON COMMUNITY COLLEGE
THE EQUIVALENT OF APPROXIMATELY .63 MILLS

pd 7/2/09
CK 646
Michael Taxes

TAX PAYER INSTRUCTIONS

- Bring both copies of the bill when paying in person.
- If you pay by mail and a receipt is required, please include both copies of the bill and a self-addressed stamped envelope; otherwise only one copy of bill is required with payment.
- Failure to receive bill does not entitle owner to discount or remission of penalty on taxes.
- If paying the bill in full, you have the following alternatives:
 - Pay the net amount by August 31, 2009, for a two percent (2%) discount.
 - Pay in full at the flat amount from September 1 until October 31, 2009.
 - Payment after October 31, 2009 is subject to penalties and interest as provided in the tax code.
- If you no longer own this property, please provide name of new owner on bill and return to tax collector's office.
- If serviced by a Mortgage Company, forward bill to them immediately.
- Only full or installment payment is accepted. **EXACT** payment only.

INSTALLMENT INSTRUCTIONS

- The installment option allows for the payment of the flat tax rate in three (3) equal installments, with the payment amounts due on or before the dates as listed:

First Installment	37.14	August 10, 2009
Second Installment	37.12	October 10, 2009
Third Installment	37.12	December 10, 2009

- Payment of the first installment must be made on or before August 10, 2009 to indicate your intention to pay the taxes on the installment plan.
- After receiving the first payment on or before August 10, 2009, the remaining installment coupons will be mailed to you.
- Installment payments are made in the same manner as if paying the bill in full (either mailed or paid in person).
- Failure to make any one of the installment payments by the due date stated above will result in a penalty of ten percent (10%) on each such late installment.
- A taxpayer who is delinquent by more than ten days on more than two installment payments shall be ineligible for the installment payment option in the following school fiscal year.
- Payment of all installments prior to August 31, 2009 **DOES NOT** entitle you to the two percent (2%) discount.



Transactions By Date

Date	Description	Debit	Credit	Balance
07/03/09	CHECK # 638	\$25.00		\$13,845.40
07/03/09	CHECK # 631	\$7.00		\$13,838.40
07/06/09	DEPOSIT		\$56.25	\$13,894.65
07/08/09	AC-Prime Mgmt - Boc-PAYMENT	\$237.41		\$13,657.24
07/06/09	AC-GREENBRIAR -CUST DEBIT	\$246.00		\$13,411.24
07/06/09	CHECK # 637	\$10.00		\$13,401.24
07/06/09	CHECK # 632	\$50.00		\$13,351.24
07/07/09	AC-THE STAR-LEDGER -CHECK PYMT CK-000000000000645	\$39.00		\$13,312.24
→ 07/07/09	CHECK # 646 <i>E</i>	\$109.15		\$13,203.09
07/08/09	CHECK # 639	\$6.00		\$13,197.09
07/10/09	INTEREST PAYMENT		\$1.12	\$13,198.21

Check Transactions

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
606	06/12	\$36.00	627	06/15	\$1,048.14	E 637*	07/06	\$10.00
608*	06/15	\$70.76	E 628	06/22	\$125.00	638	07/03	\$25.00
611*	06/15	\$17.00	630*	07/02	\$360.00	639	07/08	\$6.00
622*	06/22	\$50.00	631	07/03	\$7.00	640	07/02	\$10.00
623	06/12	\$54.00	632	07/06	\$50.00	641	06/30	\$350.00
624	08/15	\$55.00	633	06/29	\$11.24	E 642	07/03	\$70.76
625	06/16	\$325.00	634	06/30	\$75.00	645*	07/07	\$39.00
626	06/18	\$40.15	635	07/01	\$117.50	646	07/07	\$109.15

Items denoted with an "E" are electronic entries and will not have a check image.

Interest Summary

Beginning Interest Rate	0.10%
Number of Days in this Statement Period	30
Interest Earned this Statement Period	\$1.12
Annual Percentage Yield Earned this Statement Period (APY)	0.10%
Interest Paid Year to Date	\$16.05



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF AUTISM SERVICES
www.autisminpa.org

K
/

September 21th, 2009

Michael Katz
3350 Airport Road
Lot 56
Allentown, PA 18109

Dear Michael Katz:

Congratulations! Now that you are enrolled in the Adult Autism Waiver, the selection of a supports coordination agency is the next step toward developing a plan to meet your needs and obtain services.

During the level of care assessment, on April 13, 2009, you were given a few documents. One of the documents was titled "Choosing a Supports Coordination Agency." Hopefully you had the opportunity to review this document.

I have enclosed:

A list of Adult Autism Waiver Supports Coordination Agencies
A Supports Coordination Choice Form

I will be calling you within the next 5 days to discuss that document and assist you in choosing a Supports Coordination Agency.

The Supports Coordination Choice Form must be signed and returned. A self addressed envelope has been provided for your convenience. The list of Supports Coordination agencies is yours to keep.

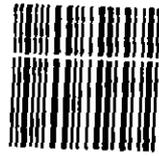
If you have any questions regarding anything in this letter, please contact me at 215-965-0546.

Sincerely,
Agnes Gimlewicz
BAS Waiver Coordinator

Cc File
Enclosures:
A list of Supports Coordination Agencies

RITY®

ERVICE

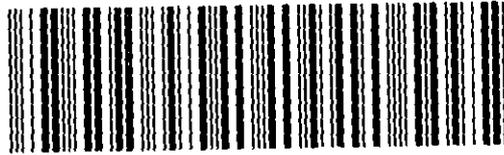


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17105

U.S. POSTAGE PAID MONROE TOWNSHIP, NJ 08831 APR 29, 11 AMOUNT \$6.65 00069052-0

United States Postal Service® DELIVERY CONFIRMATION™



0309 3220 0000 2456 4220

THIS HAS BEEN SCANNED
ARRIVED IN UNIT
ATTEMPTED
DELIVERED

From: /Expéditeur:



PRIORITY MAIL

UNITED STATES POSTAL SERVICE

For Domestic and International Use



From Al Katz
P.O. Box 6402
Monroe Twsp, NJ 08831

TO ROSEMARY CHIAVETTA - SECRETARY

PENNSYLVANIA PUBLIC UTILITY COMMISSION

MAIL PO BOX 3265 HARRISBURG PA 17105 PRIORITY MAIL



EP-14