



Duquesne Light

Our Energy...Your Power

Legal Department
411 Seventh Avenue, 16-1
Pittsburgh, PA 15219

Tel 412-393-6851
Fax 412-393-1418
jallison@duqlight.com

Jennifer L. Allison
Attorney

August 29, 2011

Via Electronic Filing

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

RE: Dennis Mowrey v. Duquesne Light Company
Docket No. F-2010-2196812
Dennis Mowrey v. Duquesne Light Company
Docket No. F-2011-2258471

Dear Secretary Chiavetta:

Enclosed please find Duquesne Light Company's Motion to Consolidate. A copy of this document has been served upon Complainant in accordance with Commission regulations.

Sincerely,

Jennifer L. Allison
Duquesne Light Company

encs

cc: Dennis Mowrey (w/enclosure)
Administrative Law Judge Mary D. Long (w/enclosure)

Before the
PENNSYLVANIA PUBLIC UTILITY COMMISSION

DENNIS MOWREY,)
)
 Complainant,)
)
 v.) No. F-2010-2196812
)
 DUQUESNE LIGHT COMPANY,)
)
 Respondent)

DENNIS MOWREY,)
)
 Complainant,)
)
 v.) No. F-2011-2258471
)
 DUQUESNE LIGHT COMPANY,)
)
 Respondent)

**RESPONDENT DUQUESNE LIGHT COMPANY'S
MOTION TO CONSOLIDATE**

TO: DENNIS MOWREY

TAKE NOTICE THAT COMMISSION REGULATION 5.103(c), 52 Pa. Code §5.103(c), PROVIDES THAT YOU HAVE THE RIGHT TO RESPOND IN WRITING TO THIS MOTION WITHIN 20 DAYS OF ITS SERVICE UPON YOU.

Respondent Duquesne Light Company (“Duquesne Light”) by and through its attorney Jennifer L. Allison, files this Motion to Consolidate in accordance with Commission Regulation 5.81, 52 Pa. Code §5.81:

1. Complainant Dennis Mowrey filed the first above-captioned Formal Complaint (hereinafter “the initial Complaint”) on or about August 31, 2010, which contained averments that Respondent unreasonably defaulted Complainant from Respondent’s Customer Assistance Program. A copy of the first Complaint is attached hereto, incorporated herein, and marked Exhibit 1.

2. Complainant Dennis Mowrey filed an Amendment to the first above-captioned Formal Complaint (hereinafter “the Amendment”) on or about June 29, 2011, which contained averments that Respondent unreasonably failed to inform Complainant of an agreement. The Amendment’s plea for relief requested a payment agreement consisting of Complainant’s budget bill plus \$50 each month, as well as reassurance that Complainant would receive all paperwork. A copy of the Amendment is attached hereto, incorporated herein, and marked Exhibit 2.

3. Complainant Dennis Mowrey filed the second above-captioned Formal Complaint (hereinafter “the second Complaint”) on or about August 19, 2011, which contained averments that Respondent unreasonably failed to inform Complainant of an agreement. The second Complaint’s plea for relief requested a payment agreement consisting of Complainant’s budget bill plus \$50 each month, as well as proper notification about any agreements. A copy of the second Complaint is attached hereto, incorporated herein, and marked Exhibit 3.

4. The second Complaint is a restatement of the first Complaint and its Amendment.

5. On July 26, 2011, in an Initial Telephonic Hearing before Administrative Law Judge Mary D. Long, the parties presented facts regarding the issues raised in the initial Complaint and the Amendment.

6. During the Initial Telephonic Hearing, Complainant introduced testimony in support of the allegations contained in the first Complaint and the Amendment.

7. During the Initial Telephonic Hearing, Respondent introduced testimony and exhibits to respond to the first Complaint and the Amendment.

8. Both of the above-captioned Formal Complaints contain averments Respondent unreasonably failed to inform Complainant of an agreement and both request a payment agreement of Complainant's budget bill plus \$50.

9. Commission Regulation 5.81, 52 Pa. Code §5.81 provides for consolidation of proceedings involving a common question of law or fact.

10. The first Complaint and its Amendment and the second Complaint concern the same questions of fact and the same requests for relief.

11. Consolidation of these matters will not unduly delay either proceeding.

12. Despite requests for a payment agreement, Complainant has taken no steps to reduce his Duquesne Light account balance. Instead, he has taken advantage of the collection holds that Respondent has placed on his account while his Complaints with the Commission have been pending. Complainant's last payment was on October 1, 2009, and his account balance is currently \$4,969.69.

WHEREFORE, Respondent requests that the Commission consolidate the proceedings on the above-captioned Formal Complaints, and, if required, re-open the record.

Respectfully submitted,

DUQUESNE LIGHT COMPANY

By Counsel:

A handwritten signature in black ink, appearing to read "Jennifer D. Allison", written over a horizontal line.

Jennifer D. Allison

Pa. I.D. # 307945

Duquesne Light Company

411 Seventh Avenue, 16-1

Pittsburgh, PA 15219

Telephone: (412) 393-6851

FAX: (412) 393-1418

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

COPY

Please print or type.

F-2010-2196812

1. CUSTOMER NAME (COMPLAINANT)

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

Name DENNIS MOWREY

Street/P.O. Box 373 KAERCHER St. Apt # 1

City PITTSBURGH State PA Zip 15267

County ALLEGHENY

Area Code/HOME Phone 412-224-2662

Area Code/WORK Phone _____

Utility Account Number 8001259793003
(from your bill)

RECEIVED

AUG 31 2010

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: DUQUESNE LIGHT

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)



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. CAP AGREEMENT TERMINATED WITHOUT CORRECT (explain) PROESSING

B. State the facts of your complaint.

Include any specific dates, times or places that are 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.

ON OCTOBER 2009, I RECEIVED A LETTER STATING THAT I WAS REMOVED FROM THE COMPANY'S CAP PROGRAM. DUE TO NOT PROVIDING FINANCIAL INFO, I WAS PUT ON THE PROGRAM IN JUNE 2005 AND WAS NEVER ASKED TO VERIFY INCOME FOR THE WHOLE PERIOD OF TIME ON PROGRAM. ALSO, MY BALANCE WAS NOT ERASED AFTER YEARS ON PROGRAM. MY INFORMAL COMPLAINT SAT IN AN OFFICE FROM 11/4/2009 TO EARLY AUGUST 2010 WITH NO CORESPONDENCE. WITHIN ONE WEEK RELIEF OF PHONE CALL FROM INVESTIGATOR, THE CASE WAS DISMISSED WITHOUT ANY INVESTIGATION

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

HAVE COMPLETE BALANCE FORGIVEN AS PER DUQUESNE LIGHT'S CAP PROGRAM STATES FOR BEING ON AFTER 3 YEARS. INVESTIGATE MR. PAUL MEURON'S SUDDEN DISMISSAL OF COMPLAINT ONE WEEK AFTER HIS PHONE CALL ASKING ABOUT THE COMPLAINT STATUS AND 9 MONTHS OF ACTIVITY (NONE) ON THE COMPLAINT.

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.

I SPOKE TO A REP FOR THE UTILITY COMPANY BUT I AM NOT SURE IF IT IS THE REP YOU ARE ASKING ABOUT. I DID ASK ABOUT THE COMPANY AND THE 2ND SHUT OFF NOTICE.

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 DENNIS MOWREY, 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).

Dennis Mowrey
(Signature)

8/23/10
(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.

**Request for Formal Complaint Forms
(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 8/6/2010. 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

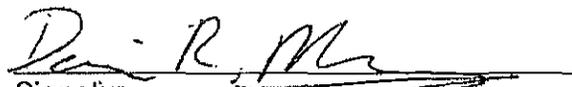
Yes, I want to appeal this decision. Please send formal complaint forms to me at the following address:

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

DENNIS R MOWREY
373 KAERCHER STREET
APT 1
PITTSBURGH PA 15207

412-224-2062

(Area Code) Telephone Number
BCS: 2617644
Company: DUQUESNE LIGHT
COMPANY


Signature
Date of Mailing: 8/6/2010

Mail this completed form to:

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

RECEIVED
2010 AUG 16 AM 9:49
PA.P.U.C.
SECRETARY'S BUREAU

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

F, 2010-2196812

COPY

Please print in ink or type.

1. CUSTOMER (COMPLAINANT) INFORMATION

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

Name DENNIS MOWREY

Street/P.O. Box 373 KAERCHER ST. Apt # 1

City PITTSBURGH State PA Zip 15207

County ALLEGHENY

Daytime Telephone Number Where We Can Contact You: (412) 224-2062

E-mail Address (optional): drnmowrey@comcast.net

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):

DUQUESNE LIGHT COMPANYY

3. TYPE OF UTILITY (check one)

[X] ELECTRIC

[] STEAM HEAT

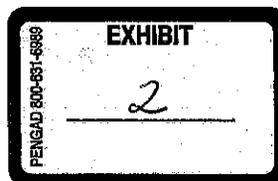
[] GAS

[] WASTE WATER

[] WATER

[] MOTOR CARRIER (e.g., taxi, moving company, limousine)

[] TELEPHONE (local, long distance)



SECRETARY'S BUREAU 2011 JUN 29 AM 9:44 RECEIVED

72718

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.

I RECEIVED A SHUTOFF NOTICE ON 6/14 FROM DUQUESNE LIGHT FOR THE AMOUNT OF \$1 . . . WHEN I CALLED THEM, THEY ACKNOWLEDGED THAT THERE ALREADY WAS A FORMAL COMPLAINT IN THEIR SYSTEM, BUT THE AMOUNT IN QUESTION WAS UNRELATED TO IT, THEY STATED THERE WAS AN AGREEMENT MADE, BUT I KNEW NOTHING ABOUT IT AT ALL. WHEN I CALLED THE PUC, THEY TOLD ME THAT THE FORMAL COMPLAINT WAS STILL IN THEIR OFFICE FROM SEPT. 2010 & DIDN'T KNOW WHY IT WAS. WHEN ASKED WHAT HAPPENED, THEY TRIED TO TELL ME I KNEW EVERYTHING ALREADY, WHICH I KNEW NOTHING TO INCLUDE ANY AGREEMENTS, WHICH THEY STATED THEY SENT. WHEN I ASKED FOR ASSISTANCE, I GOT NOTHING BUT SARCASTIC ANSWERS TO INCLUDE, "THAT'S TOO BAD," "THAT'S WHAT YOU GET..." AND SO ON. WHEN I SPOKE WITH THE SECRETARY'S BUREAU, THEY STATED EVERYTHING THAT SAID WAS VERY UNPROFESSIONAL AND THAT I HAD THE RIGHT TO FILE ANOTHER COMPLAINT. WHEN I DID THAT, I GOT A CALL FROM A REP THAT TRIED TO QUOTE STATE LAWS TO ME AND TRY TO TELL ME THE SAME, BUT IN A NICER WAY.

I AM BASICALLY TRYING TO ENSURE THAT THE SITUATION IS HANDLED PROPERLY WITH RESPECT INSTEAD OF ALL THE SARCASM & SUCH THAT I HAD TO ENDURE

5. RELIEF

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

I WANT THE PUC ~~TO~~ TO ORDER THE COMPANY TO GIVE ME A PAYMENT AGREEMENT WHERE I CAN PAY \$50 PLUS MY BUDGET AMOUNT UNTIL THE BALANCE IS PAID IN FULL.

I AM ALSO WANTING REASSURANCE THAT I RECEIVE ALL PAPERWORK INCLUDE THE AGREEMENT AND INCLUDE A FOLLOW-UP TO SEE IF ALL PAPERWORK IS RECEIVED.

I AM ALSO WANTING THE COMPANY TO OFFER ANY ASSISTANCE WITH THEIR PROGRAMS LIKE DOLLAR ENERGY FUND OR ANY OTHER PROGRAMS THEY ARE KNOWLEDGEABLE OF INSTEAD OF IGNORING A CUSTOMER'S NEEDS.

IF POSSIBLE, I WANT A WRITTEN APOLOGY FROM THE PUC REPRESENTATIVES WHO HANDLED BOTH MY CASES AND GAVE ME NOTHING BUT FRUSTRATION CLAIMING THINGS WERE DONE WHEN THEY WERE NOT

F-2010-2196812

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 _____

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 DENNIS MOWROY, 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).

Dennis Mowroy
(Signature)

6-24-11
(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.

timely

COPY

F-2011-2258471

BCS: 2859397
DUQUESNE LIGHT COMPANY
Must be returned by August 22, 2011

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name DENNIS Mowrey

Street/P.O. Box 373 KAERCHER ST Apt # 1

City PITTSBURGH State PA Zip 15207

County ALLEGHENY

Area Code/HOME Phone 412-224-2062

Area Code/WORK Phone _____

Utility Account Number 8001259793003
(from your bill)

RECEIVED
2011 AUG 19 PM 1:30
FA.P.U.C.
SECRETARY'S BUREAU

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. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: DUQUESNE LIGHT

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

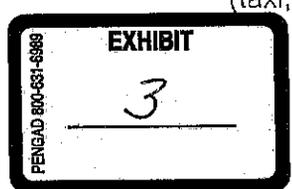
WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE
(local, long distance)



75709

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.

I RECEIVED A NOTICE ON JUNE 11, 2011 FOR SHUTOFF. WHEN I HAD CALLED ON THE 13TH AND 14TH, I WAS TOLD THAT THERE WAS AN AGREEMENT ALREADY SET, BUT THEN I WAS NOT, THEN I WAS AGAIN. WHEN I TOLD THEM I WAS UNAWARE OF THIS, THEY COULD NOT ASSIST ANY FURTHER. ALSO, WHEN ~~THEY~~ I TRIED TO TALK TO THE PUC, THEY CLAIMED THERE WAS AN AGREEMENT ALREADY MADE, BUT I STATED I NEVER RECEIVED PAPERWORK. ALSO, DUQUESNE LIGHT TRIED TO SEPARATE THE DISPUTED AMOUNTS AGAIN AND TRIED TO SETTLE IT AS ONE BILL WHEN THEY WANTED TO SETTLE IN A RECENT

5. RELIEF FORMAL COMPLAINT

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

BALANCE TO BE REDUCED DUE TO MISTAKES MADE WHILE ON CAP PROGRAM. BUDGET + \$50 FOR REPAYMENT AND PROPER NOTIFICATION PROVIDED BY ALL PARTIES ON AGREEMENT.

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 _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

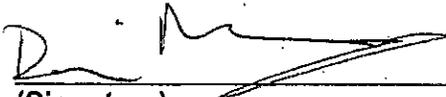
E-mail Address (If Known) _____

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, DENNIS MOWREY, 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).


(Signature)

8/16/11
(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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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

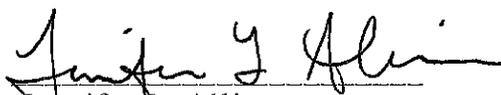
DENNIS MOWREY,)	
)	
Complainant,)	
)	
v.)	Docket No. F-2010-2196812
)	
DUQUESNE LIGHT COMPANY,)	
)	
Respondent)	
)	
DENNIS MOWREY,)	
)	
Complainant,)	
)	
v.)	Docket No. F-2011-2258471
)	
DUQUESNE LIGHT COMPANY,)	
)	
Respondent)	

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true copy of the foregoing document upon the participant listed below in accordance with the requirements of 52 PA. Code § 1.54 (relating to service by a participant).

Dennis Mowrey
373 Kaercher Street, Apt. 1
Pittsburgh, PA 15207

Dated this 29th day of August 2011.


Jennifer G. Allison
Pa.I.D. # 307945
Duquesne Light Company
411 Seventh Avenue
Mail Drop 16-1
Pittsburgh, PA 15219
Telephone: (412) 393-6851
FAX (412) 393-1418