

Dolores M. Sarno

9-22-2011

PO Box 513 residence 291 Twin Oaks Dr. Perkasie, Pa. 18944

Dublin, Pa. 18917 267-471-3620 cell smartydrd@gmail.com

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TO: Public Utility Commission Pa.

PO Box 3265

Harrisburgh, Pa. 17105-3265

**RECEIVED**

SEP 22 2011

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Re: Formal Complaint against PECO- acct. # 7392301000

C-2011-2263549

Dear Sirs:

I filed a formal complaint against PECO energy with you on 9-12-2011

I called PECO again requesting a payment arrangement as I get paid at the end of the month and I Cannot have my electric shut off. I have a person here who has sleep apnea and uses a machine at night to breathe and I have babies to take care of.

I was told again that even though I make little money, and am 61.5 years old NOW the only two payment arrangements they would give me are to pay 60% of \$22,925.49 which \$14,000 NOW then I could pay Dec. 23, \$7900. I enclose a copy of the shut off notice and the notes they gave me.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and anomalies in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the auditor in the financial reporting process. It highlights the need for auditors to exercise professional judgment and to maintain independence and objectivity in their work.

4. The fourth part of the document discusses the importance of transparency and accountability in the financial reporting process. It emphasizes the need for clear communication and for the timely disclosure of all relevant information.

I asked if I could pay the monthly bill since I paid \$800 last month in two parts \$300 and then the balance at the end of the month when I get my check..which is usually from the 26 to the 30<sup>th</sup> sometime. They said NO!! Pay it NOW...they would only extend it to the 23<sup>rd</sup> which does me no good as I get paid my paycheck at the end of the month.

I then received a strong letter saying that they will not accept a medical emergency notice from the doctor...and then another one giving back my \$390 I paid them. I do not know why. I include copies.

I have filled out a CAP form again as I receive inconsistent monies each month...depending on how many people show up. My last check was \$1600. My mortgage is \$1083 and now I am back a month trying to work with PECO not turning my electric off again. I lost my health insurance because of this.

Please help me work out a reasonable arrangement. I do NOT know why the price is so high...when I used the air conditioner in the summer rarely I put it on 73. I hang my clothes..i do not cook much. I do not understand it. I need electric for my animals fences and to have water. I have no water if they turn it off and I am responsible for this.

All I ask is to stop the stress. My doctor Donald Brislin DO Main Street Dublin, Pa 18917 215-249-1500 has me on medication 3 times a day for stress I pay out of pocket. I have a left branch beundle block in my heart, spondylenthesi of the spine and spinal stenosis. I go to him and the Rothman Institute at Jefferson in Phila. For treatment. My Dr. there is Max Freedman MD a physiatrist for my injuries.

I am doing the best I can but I NEED my electric and I am more than willing to pay it. I cannot pay \$14,000 now and \$7,000 later. I did not pay this months bill because they cannot assure me if I give them my whole check they will keep my electric on. In fact they said if I get my monies on the 26<sup>th</sup>-30<sup>th</sup> it is too late . I am getting a letter from the Sleep Apnea Clinic as documentation for the need of the machine that is used..and the need for electric to run it. It is not in yet. I will send it forthwith.

PLEASE intercede and help me have them be reasonable. I will be happy to pay my bills. I have no credit cards or debt but I do not make the money I did ten years ago.

Thank you very much for your time. My home number is 215-249-1273.

*Dolores M. Sarno*

Dolores M Sarno po box 513 Dublin, Pa. 18917 acct number 73923-01000

0112

*Sept  
after 23*

**TEN DAY SHUT OFF NOTICE**  
(AVISO DE SUSPENSIÓN DE SERVICIO EN 10 DIAS)  
FOR PECO ENERGY CHARGES ONLY.

*I asked  
for ↓  
payments  
9/14  
payment  
9/28*

Account Number: 7392301000  
For Service To: 291 TWIN OAKS DR  
Date Prepared: September 6, 2011

Past Due Amt: \$22,925.49  
New Billing: \$1,007.67  
Total Amount: \$23,933.16

**Your Gas/Electric Service May Be Shut Off!**

Because your bill is past due, we will shut off the service to 291 TWIN OAKS DR on or after 8:00 a.m. on September 20, 2011.

**We will NOT shut off your gas/electric service if you do ONE of the following:**

- Pay \$22,925.49 in full before September 20, 2011, this includes any amount you owe on your payment plan. This notice is effective for 60 days.
- Show us a paid receipt for the past due amount.
- You may qualify for a payment agreement or special assistance programs. Call 1-888-480-1533 right away to provide us with household income and occupant information to determine your eligibility.
- If you dispute this balance or have other billing questions, please call our office at 1-800-494-4000.

*Called  
9/13/2011  
8 AM*

**WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.**

If we shut off your gas/electric service, you may have to pay all of the following before we can turn service on:

- Past Due Amount of **\$22,925.49**
- Deposit Past Due Amount of **\$0.00**
- Agreement Unbilled Balance **\$0.00**
- Total **\$22,925.49\***

*2 → first → 60% 14,000  
extension → 7,900  
dec 23*

\*If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

\*\*If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection charge of between \$70.00 and \$1,700.00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

**MEDICAL EMERGENCY NOTICE**

Let us know if you or anyone presently and normally living in your home is seriously ill. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

1. Have your licensed physician or nurse practitioner certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off, phone certification must be followed by written certification within 7 days.

'AND'

2. Make arrangements to pay this bill. You must provide us with household income and occupant information to determine your payment terms while protected under the medical certification.

**IMPORTANT TO KNOW**

Before we shut off your utility service please read the back of this notice. You may be eligible for certain protections from shut off.

Atencion ! Este es en mensaje muy importante. Si usted no lo entiende, favor de llama a 1-888-480-1533.

Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee of \$3.50.

See other side for more information

PC028P



FOR PICKUP OR TRACKING CALL 1-800-222-1811



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Label 11-B, March 2004

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ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 18917	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 17.25
Date Accepted Mo. 9 Day 22 Year 11	Scheduled Date of Delivery Month 9 Day 23	Return Receipt Fee \$
Time Accepted 12:25 <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. 2.4 ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
	Int'l Alpha Country Code	Total Postage & Fees \$ 17.25
	Acceptance Emp., Initials W	

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	
<input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) 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.	
<input type="checkbox"/> NO DELIVERY	<input type="checkbox"/> Mailer Signature
<input type="checkbox"/> Weekend	<input type="checkbox"/> Holiday

FROM: (PLEASE PRINT) PHONE: 315 349-1277

DOLORES M SARNO  
PO Box 513  
DUBLIN PA 18917

TO: (PLEASE PRINT) PHONE:

SECRETARY  
PUBLIC UTILITY COMMISSION  
400 NORTH STREET  
COMMUNICATIVE KEYSTONE  
BUILDING 2ND FLOOR  
HARRISBURG PA

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