

Hi,

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TECHNICAL UTILITY SERVICES  
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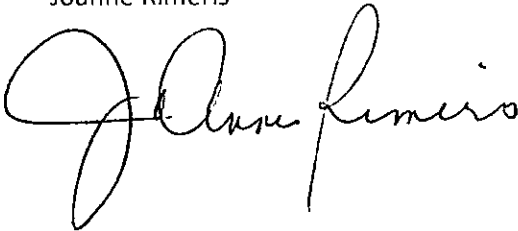
Enclosed you will find additional verified statements.

*A-2011-2260523*

I apologize for not including them with the original package. There was 1 statement that was submitted with the application, I just did not realize I should send more.

Best,

Joanne Rimeris



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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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TECHNICAL UTILITY SERVICES

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

2011 NOV -2 PM 1:52

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Maureen C. McNally  
Name of Supporter

4107 Chester Avenue Philadelphia PA 19104  
Street Address City or Municipality State Zip Code

JoAnn Rimeris  
Name of Applicant

- Describe the type of transportation service needed.

Dorm room moved to an apartment

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Philadelphia, PA to Philadelphia, PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Rarely

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Maureen McNally  
(Signature)

10/30/11  
(Date)

Maureen C. McNally  
(Name, printed or typed)

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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Kelly Rahill  
Name of Supporter

2812 Redd Rambler Dr Phila PA 19115  
Street Address City or Municipality State Zip Code

Joanne Rimeris  
Name of Applicant

- Describe the type of transportation service needed.  
*moving inherited items from family's home to my home*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*Philadelphia, PA*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*Rarely*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*No*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*No*

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Kelly Rahill  
(Signature)  
Kelly Rahill  
(Name, printed or typed)

10/28/11  
(Date)

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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Michael Cantwell  
Name of Supporter

1303L Sewell Rd Phila Pa 19116  
Street Address City or Municipality State Zip Code

Joseph Rimeris  
Name of Applicant

- Describe the type of transportation service needed.  
*Consolidating inventory between Storage Locations*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*Phila, Pa*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*monthly*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*Yes*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*No*

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Michael Cantwell  
(Signature) 10-29-11  
(Date)

Michael Cantwell  
(Name, printed or typed)

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OCT. 31 2011

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SECRETARY'S BUREAU

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Amy Robertson  
Name of Supporter

2439 Fairmount Ave Philadelphia, PA 19130  
Street Address City or Municipality State Zip Code

Joanne Rimeris  
Name of Applicant

- Describe the type of transportation service needed.  
*Have a 2 bedroom apartment moved*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*Philadelphia*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*not often*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*yes, looking for a more quality service*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*NO*

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Amy Robertson  
(Signature)  
Amy Robertson  
(Name, printed or typed)

10/29/11  
(Date)

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Bill Kronberger, Jr

Name of Supporter

15039 LONDON RD

Street Address

PHILA

City or Municipality

PA

State

19116

Zip Code

JOANNE RIMERIS

Name of Applicant

- Describe the type of transportation service needed.

RELOCATING SIBLING INTO MY HOUSE

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

PHILADELPHIA, PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

ONCE

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

YES - THEY WERE NOT VERY PROFESSIONAL

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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William F. Kronberger Jr  
(Signature)

10-29-11  
(Date)

WILLIAM F. KRONBERGER  
(Name, printed or typed)

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## PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

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Maria WOLFSON  
Name of Supporter

10718 Belle circle Phila Pa 19154  
Street Address City or Municipality State Zip Code

JOAnne Remires  
Name of Applicant

- Describe the type of transportation service needed.

I will be moving my daughter out of my house into an apartment

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Philadelphia Pa

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

once

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

NO


- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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(Signature)  
MARIA WOLFSON  
(Name, printed or typed)

10/28/2001  
(Date)

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*JOANN T KELLY*

Name of Supporter

*9101 OLD NEWTOWN RD* *AP71A*  
Street Address City or Municipality State Zip Code  
*Phila. Pa. 19115*

*JOANNE RIMERIS*

Name of Applicant

- Describe the type of transportation service needed.

*RELOCATING A 2 BEDROOM APARTMENT.*

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

*Philadelphia, Pa*

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

*NOT FREQUENTLY*

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

*No*

- Have you supported similar applications in the past? If so, please supply name and docket number.

*No*

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*Joann T. Kelly*  
\_\_\_\_\_  
(Signature)  
*JOANN T. KELLY*  
\_\_\_\_\_  
(Name, printed or typed)

*10/28/11*  
\_\_\_\_\_  
(Date)



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ADAM RYBARCZYK

Name of Supporter

203 E WILDEY ST PHILADELPHIA PA 19105

Street Address

City or Municipality

State

Zip Code

JOANNS RIMERIS

Name of Applicant

- Describe the type of transportation service needed.

MUOVING INTO MY APARTMENT

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

PHILADELPHIA PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

ONCE TIME

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

YES, THE COMPANY WENT OUT OF BUSINESS

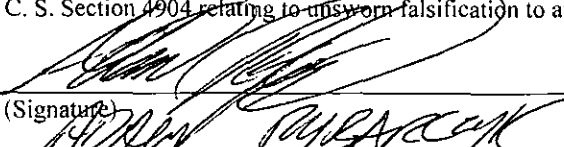
- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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\_\_\_\_\_  
(Signature)

(Name, printed or typed)

10/28/2011  
\_\_\_\_\_  
(Date)



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**TO** *PA Public Utility Commission*  
*Bureau of Technical Utility Servs*  
*Attn: Deirdre Farley*  
*P.O. Box 3265*  
*Harrisburg, PA 17105-3265*

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