

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20054941		YES	NO
		Prehearing Held:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Case Name:	Joseph Warhol	Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	v.	Testimony Taken:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	The Peoples Natural Gas Company, d/b/a	Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Dominion Peoples	Hearing Concluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location:	Pittsburgh	Further Hearing Needed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Estimated Add'l Days:		
Date:	November 16, 2005			
	DOCUMENT FOLDER	RECORD CLOSED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALJ:	Mark A. Hoyer	DATE:	11/16/05	
		Briefs to be Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Firm:	Commonwealth Reporting	DATE:		
		Bench Decision:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		REMARKS:	Complainant failed to appear. Motion to Dismiss	

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PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PLEASE PRINT CLEARLY - Incomplete Information may result in delay of processing.

Name and Telephone Number	Address	Who are you representing?
Joseph Warhol	44 Clover Street Johnstown PA 15902	Complainant pro se
Telephone: 814-288-5002	E-mail Address:	Fax Number:
Horace P. Payne, Jr., Esq.	625 Liberty Avenue Pittsburgh PA 15222	Respondent
Telephone: 412-497-6889	E-mail Address:	Fax Number:
11/29/05 <i>elp.</i>	City State Zip	
Telephone:	E-mail Address:	Fax Number:

Check this box if additional parties or attendees appear on back of form.

Jim P. Garry
Reporter's Signature

Note: Completion of this form does not constitute an entry of appearance, see 52 Pa. Code §§1.24 and 1.25.

Name and Telephone Number	Address			Who are you representing?
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
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	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number: