

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20054947		YES	NO
		Prehearing Held:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Case Name:	Michael Gori	Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	v.	Testimony Taken:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	West Penn Power Company	Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		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	RECORD CLOSED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		DATE:	Nov 16, 2005	
ALJ:	Fred R. Nene	Briefs to be Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		DATE:		
Reporting Firm:	Sargents Reporting	Bench Decision:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>RECEIVED</p> <p>DEC - 1 2005</p> <p>PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU</p>		REMARKS: <i>Hearing notice had incorrect phone # for Complainant. (See complaint) Complainant failed to appear for hearing. I.D. will dismiss w/ prejudice.</i>		

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

Name and Telephone Number	Address	Who are you representing?
Michael Gori	1216 Thomas Street	Complainant pro se
	Monongahela PA 15063	
Telephone: 412-403-9398	E-mail Address:	Fax Number:
John L. Munsch, Esq.	800 Cabin Hill Drive	Respondent
	Greensburg PA 15601-1689	
Telephone: 724-838-6210	E-mail Address:	Fax Number:
Telephone:	E-mail Address:	Fax Number:

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

11/29/05 ep

Valerie Gregory
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:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number: