

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20055016		YES	NO
Case Name:	Susan Walton	Prehearing Held:	<input type="checkbox"/>	<input type="checkbox"/>
	v.	Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	The Peoples Natural Gas Company, d/b/a	Testimony Taken:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Dominion Peoples	Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location:	Pittsburgh	Hearing Concluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Further Hearing Needed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Estimated Add'l Days:		
Date:	November 29, 2005	RECORD CLOSED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ALJ:	Robert P. Meehan	DATE:	11-29-05	
Reporting Firm:	Commonwealth Reporting	Briefs to be Filed:	<input type="checkbox"/>	<input type="checkbox"/>
		DATE:		
		Bench Decision:	<input type="checkbox"/>	<input type="checkbox"/>
		REMARKS:	DOCUMENT FOLDER	

DEC 5 2005
 10:05 - 5 2005

CITY COMMISSION
 RECORDS

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

Name and Telephone Number	Address	Who are you representing?
HORACE P. Payne Jr (412) 497-6633 Telephone:	625 Liberty Ave City: Pgh State: PA Zip: 15222 E-mail Address: Horace.P.Payne@dominion.com	Dominion Peoples (412) 497-6838 Fax Number:

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

12/2/05 elp.

Karen P. Cross
 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	
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:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number: