SCHUBERT • GALLAGHER



Tyler • Mulcahey

121 SOUTH BROAD STREET. 20TH FLOOR PHILADELPHIA, PA 19107-4533

> PHONE: 215.569.3535 FAX: 215.557.7426 WWW.SGTMLAW.COM

Richard T. Mulcahey, Jr. Also Member of New York Bar Direct Dial No.: (215) 587-0107 e-mail: rmulcahey@sgtmlaw.com

October 28, 2013

Joshua Kwiatkowski, Compliance Specialist Bureau of Technical Utility Services Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105-3265

Re: Application of Charles E. Groff & Sons, Inc. PUC Docket Number: A-2012-2339561

Dear Mr. Kwiatkowski:

A-700812 Á-0011137

Please be advised that this office represents the above captioned Applicant. By letter dated October 21, 2013. I forward to Rosemary Chiavetta, Secretary of the Commission, a Restrictive Amendment to the instant Application addressing the concerns of the Protestants. I am enclosing a copy of my letter together with the Restrictive Amendment. Bill Gray, the attorney representing the Protestants, has assured me and Herb Nurick that he will withdraw any contest to this matter.

According to my files, you have reviewed an Application for Motor Common Carrier of Property for this client. Accordingly, I am enclosing eight Verified Statements in Support of the Application. The Applicant Statement, together with Exhibits was attached the original Application.

Kindly confirm that you will be reviewing this matter for final approval or whether this matter will be the responsibility of another member of the Commission.

Thank you for your kind courtesy in this matter.

Sincerely.

Richard T. Mulcahey, Jr.

RTMJR/mac Enclosure

cc: Charles E. Groff & Sons, Inc.

SCHUBERT, GALLAGHER, TYLER & MULCAHEY, A PROFESSIONAL CORPORATION

-A-2012-2339561

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.
Knilen Martin
Name of Supporter
302 Scheny St Myershaun PA 17007
Street Address City or Municipality State Zip Code Name of Applicant
Describe the type of transportation service needed.
Hauehold belongings
What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
• How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Once now, but it I more again I would also
• Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Use heralise (baylet E. Groff; + son has moved my
Yes because Charles & Gooth, + sons has moved my the same harchest Goods in the past + Iwald like to white company. 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.

NOV 21 2013

Revised 9/11

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

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

Tom Sink
182 Penns Manor DR, Kennett Square, PA 1934
CHARLES E Street Address City or Municipality State Zip Code Charles Applicant Applicant
Describe the type of transportation service needed. Moving & Storage
• What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Kennett Square, PA To PARILES burg: PA
 How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? As needed.
 Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? I don't want to USE other movers
Have you supported similar applications in the past? If so, please supply name and docket number. \(\)
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.
1/15/2013
(Signature) (Date)
(Name, printed or typed)

VERTIFIED STATEMENT AND STATEMENT OF THE PROPERTY.
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.
Audrey E. Jaworski
133 SH + Son DRIVE Elverson PA 19520 Street Address Charles E Groff Smo, Inc
Name of Applicant
• Describe the type of fransportation service needed.
What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Bula Gunny d - Phila
• How frequently is this service needed? Example: Is it on a daily, weekly, or inorthly basis?
• Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? - Rutes & Service
• Have you supported similar applications in the past? If so, please supply name and docket number.
VERIFICATION OF STATEMENT
The undersigned deposes and says that he/she is the person who signed the Statement for the above-capitioned application 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.
(Signature), 4 4 more slu 2/4/13 (Date)
(Signature), (Date). Jawaski
(Name, printed or (yyed)

1,8

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.
A) DAVIS
Name of Supporter 1541 NONTHAMPON St. Easlan PA 18142 Street Address City or Municipality State Zip Code Chances E CNOR L So. 5
Charles E. Groff & Sois
Name of Applicant
Describe the type of transportation service needed. Moving 4 Shorage
What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Lehic h Va May - Phil & Ahhoun
How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
• Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Have you supported similar applications in the past? If so, please supply name and docket number.
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.
U Ans 1/12/2012
(Signature) DAVIS (Date)
(Name, printed or typed)

A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.
T.,
FAYER A. ELIKS
Name of Supporter
4090 HUNGER Ct. testen PA 18045
Street Address City or Municipality State Zip Code
(hARLES & OROFE & SONS
Name of Applicant
• Describe the type of transportation service needed MOVING
• What will be the usual origin and destination? Please give specific locations, such as names of cities,
boroughs, or townships.
Lehigh Killey - Phila (Ft. Washington)
 How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
 Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Rates, Service
, sicrofee
 Have you supported similar applications in the past? If so, please supply name and docket number.
\cdot \mathcal{N}_{\bigcirc}
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 se
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.
(Data)
-(Signature) (Date)
(Name, printed or typed)

18

Revised 9/11

That is billing to be a second of the second
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.
Brendon Monahan Name of Supporter
Name of Supporter Street, Address Name of Supporter City or Municipality State Zip Code
Street Address City or Municipality State Zip Code Name of Applicant
• Describe the type of transportation service needed. Moving L Shrage
What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Williams Township - Phila (Haped Ru.
• How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
• Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? Service A Later
• Have you supported similar applications in the past? If so, please supply name and docket number.
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.
Breide mont
(Signature) (Date) (Name, printed or typed)

THE FOLEOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.
A NEED FOR THE AFTERNATION SERVICES. STATEMENT SHOULD DESCRIBE ATTERNATION.
Leborah Horning
4538 Strable St. Wile PA 19136
Street Address City or Municipality State Zip Code
(MANGS E WWA 4 AVW) Name of Applicant
• Describe the type of transportation service needed.
Marry
Whatwill be the usual origin and destination? Please give specific locations, such as names of cities,
boroughs or townships.
Thila - Willow Gove
• How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
. Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Rotes & Service
 Have you supported similar applications in the past? If so, please supply hame and docket number.
$\mathcal{M}_{\mathcal{M}}$
VERIFICATION OF STATEMENT
The undersigned deposes and says that he/she is the person who signed the Statement for the above-
cuptioned 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.
11. 1 -212013
(Signature) (Date)
Debokan MONY
(Name, printed or typed)

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. Martin Deluca
3220 Linges M. Crimett Valley M 19061
Street Address City or Municipality State Zip Code Name of Applicant
Describe the type of transportation service needed. Moving
 What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Carnell Valley - Dalla APP.
 How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
• Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? Rules of Lewice
• Have you supported similar applications in the past? If so, please supply name and docket number.
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.
Marty DeRues 2/6 2013 (Date).
(Signature) MAINTIN T. DE LUCA (Name, printed or typed)
Comment Comment of Albany

SCHUBERT • GALLAGHER



Tyler • Mulcahey

121 SOUTH BROAD STREET, 20TH FLOOR PHILADELPHIA, PA 19107-4533

PHONE: 215.569.3535 FAX: 215.557.7426 WWW.SGTMLAW.COM

Richard T. Mulcahey, Jr. Also Member of New York Bar Direct Dial No.: (215) 587-0107 e-mail: rmulcahey@sgtmlaw.com PALEUC. SECRETARY'S BUREAU

October 21, 2013

Rosemary Chiavetta, Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105-3265

Re: Application of Charles E. Groff & Sons, Inc.

PUC Docket No A-2012-2339561

Dear Ms. Chiavetta:

Please be advised that this office represents the above captioned Applicant. Accordingly, I enclose herewith a Restrictive Amendment to my client's Application. The Amendment addresses the concerns of all Protestants in this matter and the Application may be transferred for final review.

Kindly acknowledge receipt of the enclosure by time-stamping the enclosed copy of this letter and returning to me in the self-addressed, stamped envelope provided.

Respectfully submitted

Richard T. Mulcahey, Jr.

RTMJR/mac Enclosure

cc: Cl

Charles E. Groff & Sons, Inc.

Herbert Nurick, Esquire William A. Gray, Esquire

BEFORE THE

PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR MOTOR COMMON CARRIER OR MOTOR CONTRACT CARRIER OF HOUSEHOLD GOODS IN USE

IN RE: APPLICATION OF

CHARLES E. GROFF & SONS, INC.

PUC DOCKET NO A-2012-2339561

RESTRICTIVE AMENDMENT

Charles E. Groff & Sons, Inc. hereby restrictively amends this Application to seek the following authority:

- Household goods in use between points in the Township of Mount Joy, Lancaster County, and within a radius of 75 air miles of said township, to points in Pennsylvania, and vice versa, and, within said request;
- 2. Household goods in use originating from points in the borough of Elizabethtown, Lancaster County and fifteen (15) air miles from said borough to points in Pennsylvania.

Provided, however, that Paragraph 1 shall be subject to the following conditions:

That no right, power or privilege is granted to provide service to or from points in Allegheny, Washington and Centre Counties; or to or from points in the city of Altoona, Blair County, and within an airline distance of twenty-five (25) statute miles of limits of said city; or to or from points in the city of Allentown, Lehigh County, and within fifteen (15) miles by the usually traveled highways of the limits of said city; or to or from the city of Easton, Northampton County, except as presently authorized in its existing operating rights.

CHARLES E. GROFF & SONS, INC.

Dated:

Name: Leslie E. Brosius, Jr.

Title: President



LAW OFFICES



TO:

Joshua Kwiatkowski, Compliance Specialist Bureau of Technical Utility Services Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105-3265