



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

November 28, 1989

IN REPLY PLEASE
REFER TO OUR FILE

James D. Campbell, Jr.
Attorney at Law
3631 North Front Street
Harrisburg, PA 17110

In re: A-00107294, F. 2, Am-B - Application of Bucks County
Transport, Inc.

Dear Mr. Campbell:

The above referenced application has been assigned for review without an oral hearing. In order to reach a determination on the application, you are being requested to file verified statements in accordance with 52 Pa. Code §3.381(e)(1). You will be required to file:

- A. VERIFIED STATEMENT OF APPLICANT.
- B. VERIFIED STATEMENTS IN SUPPORT OF APPLICATION.

The verified statements should be in paragraph form. Each heading contained in the attached minimum outline should be a separate section or paragraph.

You are being granted an initial thirty (30) days to file verified statements. They will be due on or before December 28, 1989.

If additional time is required, it may be requested by telephone but should be followed in writing with the reasons for the extension stated.

Questions about your application should be directed to William P. Hoshour (717) 787-5513.

Very truly yours,

By William P. Hoshour
For Peter S. Marzolf, Supervisor
Technical Review Section
Bureau of Transportation

WH:rs

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKET
NOV 30 1989
ENTRY No. <i>ms</i>

PENNSYLVANIA PUBLIC UTILITY COMMISSION



RECEIPT

The addressee named hereunder has paid Pennsylvania Public Utility Commission for the following bill, subject to final collection of check or money order tendered for such payment.

James D. Campbell, Jr.
3631 N. Front St.
Harrisburg, PA 17110

Date December 14, 1989

DOCUMENT
FOLDER

CR 135432 A

In re application of Bucks County Transportation
A-00107294, F.2, Am-B.....\$350.00

DOCKETED
DEC 20 1989

Revenue account 001780-017601-102 (ck)

ck 038600 Checks \$350.00 Currency _____

Utility account _____ 50:26

C. Joseph Meisigner
For Department of Revenue

CALDWELL & KEARNS

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

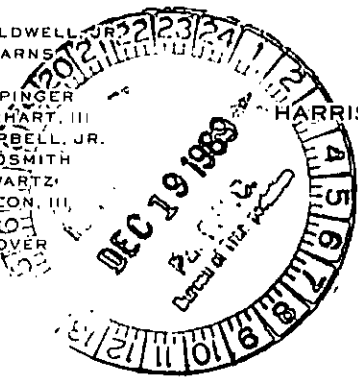
3631 NORTH FRONT STREET

HARRISBURG, PENNSYLVANIA 17110-1533

717-232-7661

FAX: 717-232-2766

THOMAS D. CALDWELL
RICHARD L. KEARNS
CARL G. WASS
JAMES R. CLIPPINGER
CHARLES J. DEHART, III
JAMES D. CAMPBELL, JR.
JAMES L. GOLDSMITH
RICHARD B. SWARTZ
JAMES G. NEALON, III
KEVIN R. DERR
MATTHEW R. GOVER



December 18, 1989

William P. Hoshour
Technical Review Section
Bureau of Transportation
Pa. Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17120

In Re: Application of Bucks County Transport, Inc.
A-00107294, F. 2, Am-B

Dear Mr. Hoshour:

Because of unavailability of witnesses during the holiday season, it is respectfully requested that the deadline for Verified Statements in the above captioned matter be postponed for thirty (30) days. I will very much appreciate your consideration in this regard.

Sincerely,

James D. Campbell, Jr.
CALDWELL & KEARNS

JDCJr:slc

DOCKETED

DOCKETED
APPLICATION DOCKET
DEC 20 1989
ENTRY No.



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

December 20, 1989

IN REPLY PLEASE
REFER TO OUR FILE

James D. Campbell, Jr.
Attorney at Law
3631 North Front Street
Harrisburg, PA 17110-1533

In re: A-00107294, F. 2, Am-B - Application of Bucks County
Transport, Ins.

Dear Mr. Campbell:

In accordance with your request of December 18, 1989 for an extension of time to file verified statements, we are granting an additional 30 days for filing of statements.

Please be advised that verified statements are now due on January 29, 1990. If said statements are not filed with this office by that date we shall assume that you do not desire to pursue this matter and shall recommend to the Commission that the application be dismissed for lack of prosecution.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

By William P. Hoshour
For Peter S. Marzolf, Supervisor
Technical Review Section
Bureau of Transportation

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

WH:rs

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKETED DEC 20 1989
ENTRY No. <u>mo</u>

Transp/Tech Rev/BH/A-107294, F-2, Am-B

RETURN TO TECH REV/RM 409 T&S

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p style="text-align: center;">James D. Campbell, Jr. 3631 North Front Street Harrisburg, PA 17110-1533</p>	<p>4. Article Number. U44455</p> <p>Type of Service:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature - Address X <i>K. W. ...</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature - Agent X</p>							
<p>7. Date of Delivery <i>12-7-88</i></p>							

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

CALDWELL & KEARNS

A PROFESSIONAL CORPORATION

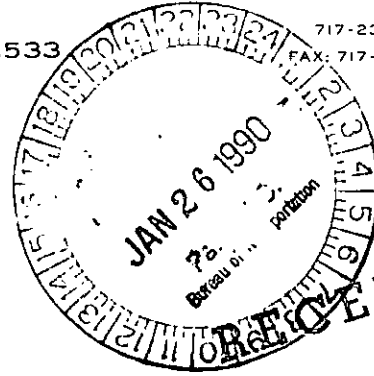
ATTORNEYS AT LAW

3631 NORTH FRONT STREET
HARRISBURG, PENNSYLVANIA 17110-1533

717-232-7661
FAX: 717-232-2766

THOMAS D. CALDWELL, JR.
RICHARD L. KEARNS
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JAMES L. GOLDSMITH
RICHARD B. SWARTZ
JAMES G. NEALON, III
KEVIN R. DERR
MATTHEW R. GOVER

January 26, 1990



RECEIVED
JAN 26 1990
SECRETARYS OFFICE
Public Utility Commission

William P. Hoshour
Technical Review Section
Bureau of Transportation
Pa. Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17120

Re: Application of Bucks County Transport, Inc.
A-00107294, F.2, Am-B

Dear Mr. Hoshour:

In accordance with your letter of December 20, please find enclosed Verified Statements in duplicate in the above captioned matter.

Sincerely,

J D Campbell, Jr.
James D. Campbell, Jr.
CALDWELL & KEARNS

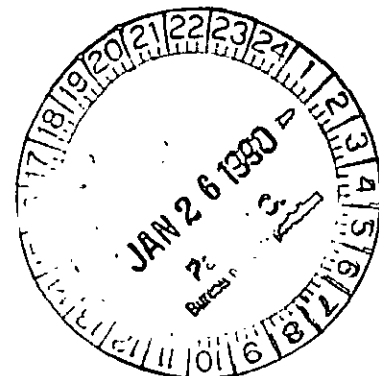
JDCJr:slc
Enclosures

cc: Vincent J. Volpe, Executive Director
Bucks County Transport, Inc.

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKET
JAN 30 1990
ENTRY No. MS

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION



IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
VINCENT J. VOLPE

1. Bucks County Transport, Inc. ("BCT") is a Pennsylvania corporation with its principal office and place of business located at Buckingham Green, Suite 2-G, Route 202, P. O. Box 510, Holicong, PA 18928.

2. My name is Vincent J. Volpe and I am the Executive Director of BCT. I have been an officer of the Applicant corporation since it was formed in 1986 and I am familiar with its operations, authorities, equipment and facilities. I am authorized to appear in its behalf in order to present this Verified Statement.

3. The Applicant is not affiliated with any other carriers.

4. By the present application, which has not been amended, Applicant seeks authority to transport persons, in paratransit service, between points in the County of Bucks, and from points in said county to points in the counties of Northampton, Lehigh, Montgomery and Philadelphia, and return, limited to the operations of motor vehicles with a seating capacity of twenty-nine (29) passengers or less, excluding the driver.

5. Currently, BCT is authorized to provide paratransit service between points in Bucks County. It also holds authority from the Commission to act as a broker, which it requires pursuant to the regulations of the Pennsylvania Department of Transportation in order to serve as the Bucks County coordinator for Section 203 Transportation services within Bucks County.

6. Approval of the present application would include the present territory which BCT is authorized to serve in paratransit service. Applicant understands that the approval of this application would not be construed as conferring more than one operating right, and has no objection to approval of this application "in lieu of" the existing paratransit authority.

7. No dual operations would result from grant of this authority.

8. Applicant maintains administrative offices and terminal facilities at its location in Holicong, Pennsylvania. At that location Applicant has dispatch facilities, office facilities, vehicle storage facilities, and all necessary related equipment for the provision of certificated service. The facilities are conveniently and centrally located for the provision of service throughout Bucks County, and from points in Bucks County to points in the surrounding counties of Montgomery, Lehigh, Northampton, Philadelphia, and return.

9. Applicant presently operates 47 vehicles in connection with the provision of its paratransit service. It operates 6 vans, 5 station wagons, and 36 busses having a seating capacity of 29 or fewer passengers. Forty-Four vehicles are owned by BCT and 3 are leased from Meridian Leasing. The leases are long-term leases which comply with Commission regulations. Should additional equipment be required, Applicant is financially able to secure the same. Forty-two of the foregoing vehicles are equipped with specialized equipment to serve the handicapped such as hydraulic lifts for wheelchairs.

10. Applicant maintains a comprehensive safety program which includes the screening and safety training of drivers, and which emphasizes preventive maintenance as well as compliance with federal, state and local safety regulations.

11. The type of service currently provided by Applicant in its paratransit service is geographically limited to its present operating territory in Bucks County. During the period that it has held authority to serve all of Bucks County, approximately one year, it has experienced continually increasing requests for service into adjacent counties. Many of the passengers we serve need service beyond the limits of Bucks County, for example, into Philadelphia for treatment at major, specialized medical facilities.

12. Should this application be approved, Applicant will continue to operate primarily as a coordinator of Section 203 Transportation and transportation funded by the Pennsylvania Department of Welfare within Bucks County. It will continue to use other carriers in this capacity; but it also needs additional authority in order to meet its customers' increasing demands for paratransit service. At present, it can only provide that service within Bucks County; the supporting witnesses require additional service throughout the surrounding counties.

13. Attached hereto is a current balance sheet and income statement applicable to Bucks County Transport, Inc.

14. The present service will be operated as efficiently as possible and every effort will be made to eliminate empty miles.

15. Applicant has the ability, experience and fitness to provide the service in question, it will continue to maintain insurance coverage in compliance with Commission regulations. Applicant's present service territory includes many Senior Citizen Centers with members numbering in the hundreds. As I testified in support of our most recent application, use of larger vehicles enables us to serve the public more efficiently, and that is why we seek the right to use vehicles up to a capacity of 29 passengers in connection with our paratransit service. We are familiar with the differences between paratransit service and group and party service, and we have

pending a companion application seeking the right to provide the latter type of service in our vehicles which are specially equipped to meet the needs of handicapped persons. There is a definite need for the service proposed by this application and Applicant is willing and able to provide the same and to conform to the provisions of the Public Utility Law and the lawful orders and regulations of the Commission.

BUCKS COUNTY TRANSPORT, INC.

Balance Sheet

June 30, 1989

Assets

Current assets:

Cash (including \$265,288 interest-bearing accounts)	\$ 268,726
Accounts receivable	330,826
Other assets	<u>41,842</u>
Total current assets	641,394

Property and equipment:

Vehicles at cost, net of accumulated depreciation of \$487,875	\$ 1,073,108
Equipment at cost, net of accumulated depreciation of \$66,272	<u>151,552</u>
Total fixed assets	<u>1,224,660</u>
Total assets	<u>\$ 1,866,054</u>

Liabilities and Fund Equity

Current liabilities:

Due to County of Bucks	\$ 24,703
Accounts payable	328,384
Accrued expenses	22,017
Short-term capital lease obligations	<u>102,356</u>
Total current liabilities	<u>477,460</u>

Long-term liabilities:

Capital lease obligations	<u>212,915</u>
Total long-term liabilities	<u>212,915</u>

Fund equity:

Fund balance	1,175,679
Total fund equity	<u>1,175,679</u>
Total liabilities and fund equity	<u>\$ 1,866,054</u>

See accompanying notes to financial statements.

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.

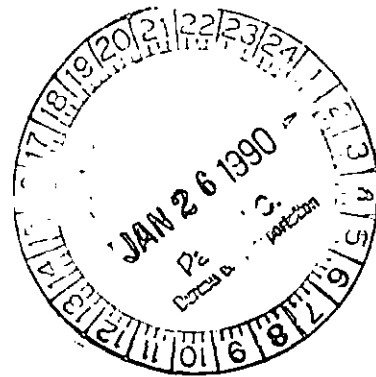
The undersigned understands that false statements herein are made subject to the penalties of 18 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: _____

1/19/90

Vincent J. Volpe
(signature)

Vincent J. Volpe



BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
VIOLA HALFPENNY

1. My name is Viola Halfpenny and I reside at 168 Scholl School Road, Quakertown, Pennsylvania.

2. I am a senior citizen who is unable to drive, and who relies upon the present paratransit service of BCT on a weekly basis for transportation to the places I need to go. We have no mass transportation available. BCT has provided paratransit service on an affordable basis which has enabled me to visit places such as the hairdresser, doctor's office, and shopping centers.

3. However, BCT has not been able to meet my transportation needs into Allentown and Philadelphia, and I need such service as BCT provides in order to travel into the surrounding counties.

4. I believe that there is a definite need for such expanded service, and I request the Commission to approve this application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1/23/90

Viola Halperney
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
JOAN SCHUMACHER
IN BEHALF OF
CENTRAL BUCKS SENIOR CENTER

1. Central Bucks Senior Center is located at 700 Shady Retreat Road, Doylestown, Pennsylvania.

2. My name is Joan Schumacher and I am the Manager of the Senior Center. In that capacity I am very familiar with the transportation requirements of our residents and I am authorized to present this statement in behalf of the Center.

3. Central Bucks Senior Center provides activities for approximately 1,000 senior citizens drawn from throughout the central Bucks County area. Some of the senior citizens that we serve are wheelchair-bound, and some require walkers or canes in order to move about.

4. Applicant presently provides service on a daily basis to provide individual shared rides for our clients to and from our Center. Our seniors also use BCT for transportation to points such as shopping centers, hospitals and doctors' offices, banks, and similar destinations. We have no mass transit routes near our center or our clients' homes.

5. In addition to the service which BCT can presently provide to our senior citizens, bringing them from their homes to our center, and taking them to doctors' offices, banks, etc. in Bucks County. We have found that many of our clients need transportation reaching beyond the borders of Bucks County. Many medical facilities, for example, are located in the surrounding counties, in Philadelphia and Montgomery County, as well as Bethlehem and Allentown. Similarly, additional shopping opportunities and banking opportunities are available in the larger cities.

6. The transportation under consideration would originate or terminate either at our Center in Doylestown, or at the homes of our clients located throughout central and lower Bucks County.

7. Our clients require paratransit service and in many cases they require specialized vehicles in order to accommodate transportation in wheelchairs. BCT has provided such service in the past and we strongly support its present application to transport our clients into the surrounding counties and return.

8. We have not supported any similar applications.

9. Approval of the application would enable our residents to secure more frequent medical attention and preventive treatment. It would also permit better access to stores, banks and other points to which transportation is required. Our clients do not have access to mass transportation, and many

cannot afford taxicab service. We believe that there is a definite public need for the proposed service and we would urge the Commission to grant the authority sought.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: January 23, 1990

John R. Schumacher
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
DOROTHY ADAMS

1. My name is Dorothy Adams and I reside at Marion Wood Brown Village, H-202, Perkasie, Pennsylvania.
2. I am a senior citizen who has difficulty walking and I cannot drive. I rely upon the paratransit service presently provided by BCT for all of my transportation needs; without them I could not get where I need to go. BCT has provided an excellent service to me in the past, enabling me to travel for grocery shopping, general shopping, and to doctors' offices.
3. The only problem that I have experienced with BCT is their inability to transport passengers outside of Bucks County. I have transportation needs to Allentown, in Lehigh County, Plymouth Meeting, in Montgomery County, and also to the city of Philadelphia. I have no mass transit available to me and no way of traveling to these points without the availability of BCT service.
4. Many other senior citizens in my area also require transportation into the surrounding counties. I believe that

there is a definite need for the proposed service and I request the Commission to approve the same.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1-22-1990

Dorothy A. Adams
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
CONNIE MacINNES
IN BEHALF OF
BEELONG ADULT DAY CARE CENTER

1. Beelong Adult Day Care Center is located at 2131 Palamino Drive, Warrington, Pennsylvania.
2. My name is Connie MacInnes and I am the Program Director of the Center. In that capacity I am familiar with the transportation requirements of the senior citizens who are served by our Center and I am authorized to present this Statement in behalf of the Center.
3. Beelong Adult Day Care Center provides meals, social programs and various types of therapy to approximately 25 senior citizens who suffer from some physical or mental impairment. Many are arthritic, wheelchair-bound or mentally handicapped.
4. We presently use Applicant's service for the purpose of bringing our clients in to participate in our programs from their homes, and to travel to other points in Bucks County for the purpose of visiting the doctor, the bank, shopping areas, etc. Some of our clients, however, require transportation to points located outside Bucks County, for example, doctors and hospitals in Philadelphia and Montgomery County; as well as shopping areas

in Valley Forge, and other points in Montgomery County. We are located only about two miles from the Montgomery County line, and Philadelphia is closer to our Center than many points in northern Bucks County which Applicant can presently serve.

5. The service originating at our facility and destined to points outside Bucks County would be used on at least a monthly basis.

6. We require safe, reliable paratransit service.

7. We have not supported any similar applications.

8. We believe that there is a definite need for service from Bucks County to points in the surrounding counties for our clients. We believe that Bucks County Transport, Inc. can provide this service and we respectfully ask that the Commission approve the application. We do not have mass transit available to our facility and no one else provides the service which is proposed by this Applicant.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1-23-90

Josephine J. MacInnes
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
MARIE RUTH

1. My name is Marie Ruth and I reside at 312 Three Mile Run, Sellersville, Pennsylvania.

2. I require paratransit service on a weekly basis in order to meet all of my transportation needs. I am a senior citizen and I am unable to drive. Mass transportation is not available to me.

3. Although BCT has been able to provide excellent service in the past from my home in Sellersville to various points in Bucks County, I need transportation, in addition, to points in the surrounding counties such as Allentown, Kutztown, Bethlehem, and Philadelphia.

4. The type of service I require is reliable, safe, inexpensive paratransit service.

5. I believe that there is a need for the proposed service of the Applicant, and I would certainly use that service if it were available. I respectfully request the Commission to approve this application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: Jan. 19-1990

Therrie T. Ruddle
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
TRUDY SPOUSE

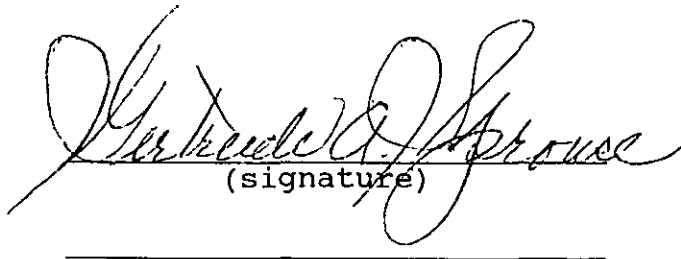
1. My name is Trudy Spouse and I reside at Apartment 111, Grundy House, Quakertown, Pennsylvania.
2. I require paratransit service on an occasional basis and I have used the service of the Applicant in the past.
3. I need reliable transportation service for medical treatment and shopping, on a timely and reasonably inexpensive basis. Mass transportation is not available to me for these purposes.
4. The shopping opportunities and the extent of advanced medical treatment facilities are somewhat limited in our area. However, we are in reasonably close proximity to the Allentown-Bethlehem-Easton area, and I have a need for transportation for shopping and medical purposes into that area.
5. I believe that there is a definite need for the service which is proposed by BCT, and I request the Commission to approve the application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1-22-90


(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
MARLENE M. SELGRATH
IN BEHALF OF
LANGHORNE GARDENS NURSING CENTER

1. Langhorne Gardens Nursing Center is located at 350 Manor Avenue, Langhorne, Pennsylvania.

2. My name is Marlene M. Selgrath and I am the Activities Director of our nursing home. I am very familiar with the transportation requirements of our residents and I am authorized to present this statement in support of the application of Bucks County Transport, Inc.

3. Our nursing home provides housing as well as other activities for 120 residents. The majority of our residents are in wheelchairs and many suffer from other physical or mental disability.

4. Although the frequency of service varies, we would have a need for the proposed service on at least a monthly basis.

5. Many of our residents require medical treatment at points outside Bucks County. We are located in close proximity to Montgomery County and to Philadelphia, and the availability of the proposed service would enable our residents to visit near by

doctors' offices, health care facilities, banks, shopping centers and other locations which the Applicant presently cannot serve.

6. We need reliable paratransit service which is economically within the reach of our members.

7. We have not supported any similar applications.

8. We have used the service of BCT for transportation requirements within Bucks County; the service has been prompt and the drivers have been helpful. We would like to have this service available so that our residents can receive needed services which are located in the surrounding counties of Montgomery and Philadelphia.

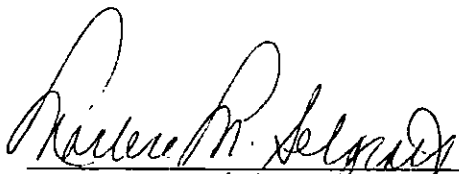
VERIFICATION OF STATEMENT

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

Dated: _____

1/25/90



(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
ELINOR THOMAS

1. My name is Elinor Thomas and I reside at 538 Old Bethlehem Road, Perkaskie, Pennsylvania.
2. I am a senior citizen who is unable to drive and has no mass transportation available to me. I rely upon Applicant on a weekly basis for transportation to the Perkaskie Senior Center, and in addition I need the BCT service in order to travel to the doctor and for food shopping.
3. Although BCT presently provides an excellent service to me, and to the other 500 members of our Senior Center in Perkaskie, its transportation services are limited to destinations in Bucks County. Many of our members require service to points outside Bucks County for medical care, banking, shopping trips, etc. The Allentown-Bethlehem-Easton area is particularly important to the needs of our members, as we are located in the northern part of Bucks County.
4. I believe that there is a definite need for expanded paratransit service from the Perkaskie area, both for myself, and

for other members of our Senior Center. I would urge the Commission to approve this application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1/22/90

Elmer Thomas
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
LEE GOURLEY
IN BEHALF OF
FRIENDS VILLAGE

1. Friends Village is located at 331 Lower Dolington Road, Newtown, Pennsylvania.

2. My name is Lee Gourley and I am the Administrator of Friends Home and Village. In that capacity I am familiar with the transportation requirements of our residents and I am authorized to present this statement in behalf of Friends Village.

3. Friends Home and Village are two boarding homes which provide living accommodations for the elderly. We have approximately 90 residents.

4. Our residents require paratransit service on a daily basis in order to travel to points such as hospitals and doctors' offices, grocery stores, banks, and similar destinations.

5. Our transportation requirements are from the home in Newtown to various destinations points in the city of Philadelphia and in Montgomery County. Some of our residents require medical treatment from the Abington Memorial Hospital in

Montgomery County. Many require transportation to doctors and dentists in the city of Philadelphia.

6. Our residents require paratransit service on a door-to-door basis and in some cases they require specialized vehicles in order to accommodate transportation in wheelchairs.

7. We supported a similar application by Van Trans in Newtown several years ago.

8. In the past we have used Bucks County Transport for transportation within Bucks County and the service has been very satisfactory. We have not been able to get satisfactory service for our residents into the city of Philadelphia and into Montgomery County. The only available service is Langhorne Cab, and it has been unreliable, untimely and very expensive. We request the Commission to approve this application so that we could receive the quality BCT service to points outside Bucks County.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1/25/90

Lee Gourley
(signature)

Administrator Friends Home & Village

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
EVELYN FAIRSTONE

1. My name is Evelyn Fairstone and I reside at 303 West State Street, Doylestown, Pennsylvania.

2. I support the present application for increased paratransit service from Doylestown to points outside of Bucks County.

3. At present, BCT provides service for my sister and myself which enables us to travel to our volunteer job activities. We do not have mass transit available to us; the routes do not run near our home and they do not cover destinations to which we need to travel.

4. Although BCT is able to provide transportation to us within Bucks County, there is no service available that can take us to banks, shopping, doctors, etc. in the surrounding counties. In particular, we require transportation from Doylestown to Philadelphia.

5. The type of transportation we need is reliable paratransit service originating in Doylestown and returning us to our home.

6. There is no similar service presently available, and we respectfully urge the Commission to approve this application so that BCT can transport us into points in the surrounding counties.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1-24-1990

Evelyn J. [unclear]
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
MRS. EVE MATTHEWS

1. My name is Mrs. Eve Matthews and I reside at E-108, 808 Shadywood Drive, Perkasie, Pennsylvania. I am a senior citizen who relies upon the available paratransit service of BCT for nearly all of my transportation needs. These primarily involve community service, volunteer work and travel to the doctor's office.

2. Although the service which I have received in the past from BCT has been entirely satisfactory, the destinations are limited in that BCT cannot travel to points outside Bucks County. I have additional transportation needs, including transportation to Philadelphia, which BCT cannot presently serve. If the present application were approved, I would use the expanded service approximately twice per month.

3. There is no similar service available to our area, and I would respectfully urge the Commission to approve this application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 22nd January 1990.

Steve Matthews
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
CAROL RUCKER
IN BEHALF OF
TWINING VILLAGE

1. Twining Village is located at 280 Middle Holland Road, Holland, Pennsylvania.

2. My name is Carol Rucker and I am the Resident Services Coordinator for Twining Village. I am fully familiar with the needs of our residents, and I am authorized to present this statement in behalf of our residential complex.

3. Twining Village is a continuing care facility with 340 residential units plus an 80 bed skilled care facility. As a retirement community, we have elderly residents, many of whom are unable to drive, and many of whom suffer from some physical or mental incapacity. Many of our residents require wheelchairs.

4. Our residents require transportation service on a daily basis in order to travel to shopping areas, senior centers, medical visits, and other similar destinations.

5. All of the transportation in question would originate or terminate at the residential community in Holland. We are located only a few miles from Montgomery County and a few miles

from the city of Philadelphia, in the very southern portion of Bucks County. As a result, many of our residents have a requirement to travel into the city of Philadelphia, or to points such as the Montgomery Mall in Montgomery County, for shopping needs in addition to travel for medical treatment and other personal needs.

6. The type of service required is an affordable paratransit service which would enable the elderly and handicapped who reside with us to reach the destinations I have mentioned.

7. We have not supported any similar applications.

8. We have experience with the Applicant since it presently provides service to our residents within Bucks County. As I have noted, however, we have many medical services and shopping opportunities located outside Bucks County which are very convenient to our residents. For this reason, we need an expanded service into the surrounding counties. We have been very satisfied with our past experiences using the service provided by Applicant, within its present territory, and we request the Commission to approve this application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1/25/90

Carol D. Becker
(signature)

Resident Services Coordinator

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
EDITH GOODWIN

1. My name is Edith Goodwin and I reside at 108 Grundy House, Quakertown, Pennsylvania.
2. I presently use the service of the Applicant, and I have found its service very satisfactory within its present authority limitations. I use BCT on a weekly basis, in order to shop, travel to the bank, and travel to the doctor's office.
3. The service I have received in the past has been very satisfactory, however, I need transportation service to the Allentown area, where BCT is not presently authorized to serve. I have difficulty walking, and I appreciate the personalized service which I have been able to receive in the transportation from my home to the places which I need to visit in the past. I respectfully request the Commission to approve the application of BCT so that it can render transportation into Lehigh County.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1-22-90

Edith Goodwin
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
GERALDINE TRAPANI BUCKMAN
IN BEHALF OF
GLORIA DEI PLAZA

1. Gloria Dei Plaza is a nonprofit, government subsidized housing facility for the elderly and handicapped. It is located at 460 South Street, Newtown, Pennsylvania.

2. My name is Geraldine Trapani Buckman and I am the Administrator for Gloria Dei Plaza. In that capacity I am very familiar with the transportation needs of our residents and I am authorized to present this statement in support of the application.

3. Gloria Dei Plaza provides housing service to approximately 150 senior citizens, many of whom suffer disabilities such as hearing impairment, wheelchair requirements, and other disabilities.

4. Our residents require paratransit service on a daily basis.

5. The transportation is required from our home in Newtown to doctors' offices, shopping opportunities, and other similar

destination in Philadelphia and in various Montgomery County locations.

6. The type of service we require is reliable, affordable, paratransit service.

7. We have not supported any similar applications.

8. We presently use Applicant's service on a daily basis to and from our facility. The existing service has been satisfactory, and we would like to have that service for our residents into the surrounding counties so that they could get to more doctors and secure better health care. Such opportunities help to keep senior citizens independent. We request the Commission to approve this application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: 1-25-90

Yeral Kenesari Buckner
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
CATHERINE KEHS

1. My name is Catherine Kehs and I reside at 808 Shadywood Drive, Perkasie, Pennsylvania.
2. I have used the service of the Applicant in the past for shopping and doctor's trips; BCT makes it possible for me to get around.
3. I need additional service of the type which BCT provides in order to be able to travel to points in Northampton County and Lehigh County, such as Coopersburg, Allentown and Bethlehem.
4. There is no service to these points presently available on a paratransit basis. I believe that there is a need for the service and it would be used by many of my friends in addition to myself. I would ask the Commission to approve the application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: _____

Jan 19th 1990

Patricia Keis

(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
ALAN E. FARNETH
IN BEHALF OF
PENNSWOOD VILLAGE

1. Pennswood Village is a retirement community located in Newtown, Pennsylvania.
2. My name is Alan E. Farneth and I am the Executive Director of the community. In that capacity I am thoroughly familiar with our residents and their transportation requirements and I am qualified to present this statement in behalf of Pennswood Village.
3. Pennswood Village is a retirement community comprised of 252 apartments. Many of our residents have difficulty in walking, impaired sight and hearing, and other physical problems.
4. Our community requires paratransit service on a very frequent basis in order for the residents to be able to travel to the doctor's office and to attend to other personal needs such as shopping and banking. The service is needed on a daily basis.
5. All of the transportation under consideration would either originate or terminate at Pennswood Village. In addition

to Philadelphia, many of our residents have transportation requirements into Montgomery County.

6. The type of service required is paratransit service and in some cases the residents require specialized vehicles in order to accommodate transportation in wheelchairs. We do not have public transportation available in our area.

7. I have not supported any similar applications.

8. There is a definite need for additional transportation for our residents. While we presently have Applicant's service available between points in Bucks County, and that service has been very satisfactory, we need additional service into the surrounding counties. Approval of the application would enable our residents to secure more frequent medical attention and preventive treatment and would also permit better access to stores, banks, etc. We would urge the Commission to approve the application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: Jan 25, 1990

Alan P. Sameth
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
LYDIA JOHNSTON

1. My name is Lydia Johnston and I reside at 21 Gulfview Drive, Melody Lakes, Quakertown, Pennsylvania.
2. I require paratransit service on a weekly basis for my transportation needs, including shopping and medical needs. The service is presently provided by Bucks County Transport, Inc. and I am very satisfied with the service. The drivers are very understanding and their service enables me to get out to the places my activities require.
3. In addition to the points in Bucks County which Applicant can already serve, I also require transportation to points outside the county, such as shopping areas in Allentown.
4. I would use this service on an as needed basis, and probably at least monthly. Allentown is the nearest major city providing specialized medical service and expanded shopping opportunities. It is located only about 10 miles from Quakertown, yet it is beyond the present service area of the Applicant.

5. I need a safe, reliable service, with courteous drivers, such as I have received in the past from Bucks County Transport, Inc. and I respectfully request the Commission to approve this application.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: _____

1/18/90

Lydia R. Johnston
(signature)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF : A-00107294,
BUCKS COUNTY TRANSPORT, INC. : Folder 2, Am-B

VERIFIED STATEMENT OF
SUSANNA WEBB

1. My name is Susanna Webb and I reside at 808 Shadywood Drive, Perkasie, Pennsylvania.
2. I presently use the Applicant's paratransit service for transportation in order to meet my daily needs, including trips to the doctor, and for shopping, etc. I could not get around without that service.
3. BCT is not able, however, to render transportation to points outside the county, and I have a need for transportation to Philadelphia, Franklin Mills, and other points outside the county.
4. The type of service which I require is a door-to-door paratransit service which would be economically affordable. This is the type of service I have received in the past from BCT.
5. I respectfully request that the Commission approve the application of Bucks County Transport, Inc. so that they can provide similar service to points in the surrounding counties.

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 C.S. Sec. 4904 relating to unsworn falsification to authorities.

Dated: _____

1/22/90

Susanna Stebb
(signature)



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

January 30, 1990

IN REPLY PLEASE
REFER TO OUR FILE

James D. Campbell, Jr.
Attorney at Law
3631 North Front Street
Harrisburg, PA 17110-1533

In re: A-00107294, F. 2, Am-B - Application of Bucks County
Transport, Inc.

Dear Mr. Campbell:

We have received the verified statements filed in the above
referenced proceeding.

The record will be reviewed and will be put before the
Commission for its decision. You will be notified of the Commission's
action.

Very truly yours,

By William P. Hoshour
For Peter S. Marzolf, Supervisor
Technical Review Section
Bureau of Transportation

WH:rs

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKET
FEB 06 1990
ENTRY No. *MS*