

F 2014-2443803

NEW ADDRESS FOR

CHRISTOPHER CLAYTON  
PENW TERRACE APARTMENTS  
12 MEADOW RD.  
APT # 10  
PENNSVILLE, N.J. 08070

RECEIVED

SEP 29 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUKLAU

PENNSYLVANIA PUBLIC UTILITY COMMISSION F-2014-2443803

Formal Complaint

RECEIVED

Filing this form begins a legal proceeding and you will be a party to the case.  
If you do not wish to be a party to the case, consider filing an informal complaint.

SEP 22 2014

To complete this form, please type or print legibly in ink.

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

1. Customer (Complainant) Information

Provide your name, mailing address, county, telephone number(s), e-mail address and utility account number:

Name Kirt Clayton  
Street/P.O. Box 2731 W. PORTER ST Apt # \_\_\_\_\_  
City Phila. State PA Zip 19145  
County Phila.

Telephone Number(s) Where We Can Contact You During the Day:

( ) \_\_\_\_\_ (home) (215) 303-3024 (mobile)

E-mail Address (optional): BigKC57@aol.com

Utility Account Number (from your bill) 77647-48082

If your complaint involves utility service provided to a different address or in a different name than your mailing address, please list this information below.

Name CHRISTOPHER CLAYTON  
Street/P.O. Box 2731 W. PORTER ST.  
City Phila State PA Zip 19145

2. Name of Utility or Company (Respondent)

Provide the full name of the utility or company about which you are complaining. The name of your utility or company is on your bill.

PECO



U.S. POSTAGE  
PAID  
PHILADELPHIA, PA  
19145  
SEP 22 14  
AMOUNT

1007

\$16.95  
00097217-15



EK455661106US



PRIO  
\* MA  
EXPR



EK455661106US

TO: PUC (PUC)  
Agency: PUC  
Floor:  
External Carrier: Express Mail

RECEIVED  
SEP 22 2014  
PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: 215 803-3024

Kirt Clayton  
2731 W. Packer St  
Phila. PA 19145

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available\*)

10:30 AM Delivery Required (additional fee, where available\*)

\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE: ( )

Secretary  
PA Public Utility Commission  
400 North St  
Commerce City, Keystone Building  
212 Floor  
Harrisburg PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military
PO ZIP Code 19145	Scheduled Delivery Date (MM/DD/YY) 9-23-14	Postage \$ 16.95	
Date Accepted (MM/DD/YY) 9-22-14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	
Time Accepted 2:28 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	
Weight 1.10 oz	<input type="checkbox"/> Retail Rate	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 16.9
Acceptance Employee Initials [Signature]			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

3-ADDRESSEE COPY



- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.