



COMMONWEALTH OF PENNSYLVANIA (PA-PUC).  
 PENNSYLVANIA PUBLIC UTILITY COMMISSION  
 400 NORTH STREET 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120 (USA).

November 21, 2014

IN REPLY PLEASE  
 REFER TO OUR FILE NUMBER  
 C-2014-2435842

my OTHER MAILING ADDRESS is:  
 P.O. Box-5482, PITTSBURGH, PA 15206  
 (USA)

T.  
 WAYNE WILLIAMS,  
 678 LENORA STREET,  
 PITTSBURGH PA 15206 (USA).

S.S.#  
 (STATE OF PA-I.D.#21967998).

AGREED TO, AND ENCLOSED.

Wayne T. Williams.  
 Fri., Nov. 28, 2014.

Dear Sir/Madam:

We are returning the Additional Information to your complaint of Wayne Williams to you because it is required for us to have an original signature. Please sign in ink as indicated by the tab stating 'Sign Here' and return to the address listed at the top of this letter within 10 days.

Once we receive your Response with your original signature we will be able to process as needed. If you do not return within 10 days your filing will be considered unfiled.

Thank you for your attention to this matter.

Very truly yours,

*Rosemary Chiavetta*

Rosemary Chiavetta  
 Secretary



Enclosures  
 DJ

RECEIVED  
 2014 DEC - 5 AM 10:45  
 PA-P.U.C.  
 SECRETARY'S BUREAU

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Nov. 2014.

(PA-P.U.C.), Formal Complaint (MON., JULY 21, 2014.)

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.

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

(ALSO, PLEASE SEE MY EXTRA-6-PAGE ATTACHMENT. (ON FILE))

1. Customer (Complainant) Information

Wayne T. Williams (ON FILE)

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

Name WAYNE T. WILLIAMS, STATE OF PA. I.D. # 21967998

Street/P.O. Box 678 LENOXA ST. PITTSBURGH, PA 15206

City PITTSBURGH, State PA Zip 15206 (USA)

County ALLEGHENY (PA) (USA). (MY OTHER MAILING ADDRESS IS P.O. BOX-5482, PITTSBURGH, PA 15206 (USA))

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

(412) 361-6832 (home) (412) 390-7249 (mobile) (CELLPHONE)

E-mail Address (optional):

Utility Account Number (from your bill) DUQUESNE LIGHT Co. ACCT. #3001-734-519-001.

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 (ALL INFORMATION IS SAME AS ABOVE)

Street/P.O. Box

City State Zip

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.

-DUQUESNE LIGHT Co., PGH., PA (USA) - ACCT. #3001-734-519-001.

RECEIVED NOV 18 2014

PA P.U.C. SECRETARY'S BUREAU

RECEIVED NOV 18 2014 AM 10:45

RECEIVED

~~3RD REQUEST~~ ~~TUES. JUNE 3, 2014~~  
~~4TH REQUEST~~ ~~MON. MAY 5, 2014~~ (AUG. 2014)  
~~5TH REQUEST~~ ~~THURS. APRIL 3, 2014~~  
~~6TH REQUEST~~ ~~FRI. JULY 1, 2014~~

FROM: WAYNE T. WILLIAMS, Wayne T. Williams,  
678-LENORA ST., PITTSBURGH, PA 15206 (USA).  
(412) 361-6832 (NON-DRIVER) (NON-ORGAN DONOR).  
(S. D. (STATE OF PA-I.D.#21967998).  
MY OTHER MAILING ADDRESS IS  
P.O. BOX - 5482, PITTSBURGH, PA 15206 (USA).

~~SEPT 2014~~  
7TH REQUEST  
OCT. 2014.

NOV. 2014.

TO WHOM IT MAY CONCERN:  
ALTHOUGH THE ORIGINAL RECORDS, MAY STATE THAT THE ORIGINAL OWNER(S) OF THE HOUSEHOLD PROPERTY AT 678-LENORA ST., PITTSBURGH, PA 15206 (USA) ARE UNRELATED AND DECEASED, DOCUMENTED AND UNDOCUMENTED BUSINESS DEALINGS CONCERNING THIS PROPERTY WERE CONDUCTED BY THE ORIGINAL OWNER(S) BEFORE BECOMING DECEASED, AND ALSO CONDUCTED BY THE DAUGHTER OF THE DECEASED ORIGINAL OWNER(S). AS STATED BEFORE, IT IS IN MY INTEREST TO INFORM YOUR OFFICE(S) OF MY INTENT TO FULLY OBTAIN, AS IS, WITH THE TRANSFER OF A HOUSEDEED TO ME, THE TWO(2)-STORY BRICK HOUSE IN WHICH I RESIDE, LOCATED AT THE ADDRESS LISTED ABOVE. I HAVE RESIDED AT THIS SAME HOUSEHOLD FOR THIRTY(30) YEARS, AND THERE IS WRITTEN DOCUMENTED PROOF OF THIS STABILITY AND LONGEVITY AT THIS RESIDENCE, INCLUDING RECEIPTS OVER THE MONTHS AND YEARS. OVER THESE THIRTY(30) YEARS OF HOUSEHOLD RESIDENCE, MY PARENTS AND MYSELF HAVE MADE TRANSACTIONS WITH THE DECEASED PROPERTY OWNER(S) AND THEIR DAUGHTER. RECENTLY, AS OF AUG. 1, 2013, I, ALONE AND ON MY OWN, PERSONALLY HAD BEEN HOSPITALIZED AND REHABILITATED FOR SIX(6) MONTHS, UP UNTIL JAN. 31, 2014. DURING THAT SIX(6) MONTH PERIOD, AND WITHOUT EVEN KNOWING OF, AND WITHOUT WRITTEN NOTIFICATION THAT THE PROPERTY WAS TO BE INSPECTED, AN OPINIONATED AND UNIMAGINABLE NOTICE OF CONDEMNATION WAS U.S.A. MAILED FROM THE CITY OF PITTSBURGH, PA (USA) BUREAU OF BUILDING INSPECTIONS. IT IS MY INTENT TO KEEP AND MAINTAIN THIS PROPERTY BY HAVING IT BROUGHT UP TO THE BUILDING CODE STANDARDS, AS NECESSARY, AND TO MAINTAIN AND REPAIR WHATEVER IS NEEDED TO REHABILITATE THE PROPERTY. PART OF THE YEARLY WEAR AND TEAR ON THE PROPERTY IS DUE TO THE DEMOLITION OF A FORMERLY CONNECTED ROW HOUSE. SOME OF THE HOUSEHOLD DAMAGES ARE DUE TO THE HOUSEHOLD VANDALISM, WHICH OCCURED WHILE I WAS AWAY AND IN A REHABILITATION FACILITY. I HAVE FILED A REPORT WITH THE PITTSBURGH, PA (USA) POLICE DEPARTMENT, CONCERNING THIS MATTER OF HOUSEHOLD VANDALISM. IT IS ALSO MY INTENT TO FOLLOW THROUGH WITH WHATEVER LEGAL PROCEDURES THAT ARE NECESSARY TO KEEP AND MAINTAIN THIS PROPERTY. AS I AM IN THIS, AND IN MANY OTHER STRUGGLES AND HARDSHIPS, ALONE AND ON MY OWN. I ASK OF YOUR OFFICE(S) THE PATIENCE, RESPONSIBLE INSTRUCTION, GUIDANCE, PROCEDURES, AND DOCUMENTATION REQUIRED.

RECEIVED  
2014 NOV 18 AM 10:42  
PA P.U.C.

RECEIVED  
2014 DEC -5 AM 10:44  
PA P.U.C.

(REPLY IN FIVE (5) DAYS.)

~~(AUG. 2014)~~

~~(WED. DEC. 11, 2012)~~

~~(SEPT. 2014)~~

~~(JUNE 2014)~~

~~(OCT. 2014)~~

~~(DEC. 2013 - JAN. 2014)~~

~~(JULY 2014)~~

NOV. 2014.

→ FROM: WAYNE T. WILLIAMS, Wayne T. Williams  
678-LENORA ST, PITTSBURGH, PA 15206 (USA),  
(412) 361-6832. (NON-DRIVER). (NON-ORGAN DONOR).  
(S.S.#173-46-9285). (STATE OF PA-I.D.#21967998).

MY OTHER MAILING ADDRESS IS:

P.O. Box-5482, PITTSBURGH, PA 15206 (USA).  
(CONCERNING: DUQUESNE LIGHT CO. - ACCOUNT NUMBER #3001734519001.)

- TO: ① DUQUESNE LIGHT CO. (CUSTOMER SERVICE DEPT.), 411-SEVENTH (7TH) AVE, PITTSBURGH, PA 15222 (USA).
- ② DUQUESNE LIGHT CO. (CUSTOMER SERVICE DEPT.), P.O. Box-1930, PITTSBURGH, PA 15230 (USA).
- ③ HOLY FAMILY INSTITUTE (DUQUESNE LIGHT CO.), 7TH-FLOOR, MEDICAL CENTER EAST BLDG, 211-N.WHITFIELD ST, PGH, PA 15206 (USA).
- ④ PUBLIC UTILITY COMMISSION (PA-P.U.C.), P.O. Box-3265, HARRISBURG, PA 17105 (USA).
- ⑤ DUQUESNE LIGHT CO., (PAYMENT PROCESSING CENTER), PITTSBURGH, PA 15267 (USA).

→ MY DUQUESNE LIGHT CO, ELECTRIC SERVICE TO MY RESIDENCE HOME HOUSEHOLD WAS SET TO BE SHUT-OFF ON MON., SEPT. 23, 2013. AS I WAS HOSPITALIZED ON AUG. 1, 2013, I AM SOON TO BE RELEASED FROM A REHABILITATION FACILITY. I HAVE A MEDICAL EXCUSE, AND I AM ALSO ELIGIBLE FOR OTHER PROTECTIONS FROM SHUT-OFF NOTICES. I ALSO QUALIFY FOR PROGRAMS SUCH AS THE DOLLAR ENERGY FUND, LIHEAP, AND THE CUSTOMER ASSISTANCE PROGRAM (C.A.P.). MY INCOME IS ZERO, WHICH HAS ME TO MEET THE GUIDELINES FOR POVERTY LEVEL ELIGIBILITY. THE ONLY AID THAT I RECEIVE IS PA-DEPT. OF PUBLIC ASSISTANCE (PA-DPA), IN THE FORM OF MONTHLY FOOD STAMPS AND MEDICAL ASSISTANCE. AS OF JULY 31, 2012, MY PA-DPA-CASH ASSISTANCE WAS DISCONTINUED. DURING NOV. 2011; NOV. 2012; AND NOW DEC. 2013, I AM ELIGIBLE FOR DUQUESNE LIGHT CO. RECERTIFICATION AND DISCOUNT FEES. I AM ALSO ELIGIBLE FOR FEE/WAIVERS ON RE-CONNECTION OF MY DUQUESNE LIGHT CO. ELECTRIC SERVICE, FOR WHICH I AM IN URGENT NEED OF. I ALSO AM IN NEED OF SPECIAL ASSISTANCE PROGRAMS. I ALWAYS MADE MY TIMELY MONTHLY PA-C.A.P. PAYMENT OF \$29.00, BUT I DID INHERIT SOME OVERDUE ARREARS ON THE BILL. MY DUQUESNE LIGHT CO. SERVICE TO MY RESIDENCE HOME HOUSEHOLD NEEDS IMMEDIATE RE-CONNECTION AND RESTORATION WITHOUT DELAY, AS THIS NOTICE SHALL ALSO SERVE AS A FORM OF APPLICATION, IF NECESSARY. BEING UNEMPLOYED, I HAVE AN EMPLOYABILITY ASSESSMENT FORM ON FILE AT THE PA-DPA. I PREVIOUSLY MAINTAINED STEADY MONTHLY \$29.00 PAYMENTS TO DUQUESNE LIGHT CO., AS THE RECORDS WILL SHOW; BUT I AM NOW UNABLE TO.

RECEIVED

2014 NOV 18 AM 10:46  
PA P.U.C.  
SECRETARY'S BUREAU

NOV. 2014. (OCT. 2014.) (~~SEPT. 2014.~~) (~~AUG. 2014.~~) (~~JUNE 2014.~~)

(TODAY'S DATE :  
TUES., JAN. 28, 2014.)

(~~JULY 2014.~~)

— CONCERNING: WAYNE T. WILLIAMS, *Wayne T. Williams*,  
678-LENORA ST., PITTSBURGH, PA 15206 (USA).  
(412) 361-6832. (NON-DRIVER). (NON-ORGAN DONOR).  
(S.S. ....). (STATE OF PA-I.D.# 21967998).

MY OTHER MAILING ADDRESS IS:  
P.O. BOX-5482, PITTSBURGH, PA 15206 (USA).

— GENERAL NOTICE —

— TO WHOM IT MAY CONCERN:  
THE PURPOSE OF THIS SIGNED NOTICE OF MEDICAL  
HARDSHIP IS TO IMMEDIATELY RESTORE AND  
MAINTAIN HOUSEHOLD UTILITIES AT THE HOUSEHOLD  
ADDRESS LISTED ABOVE. WITHOUT THESE UTILITY  
SERVICES, THERE WOULD BE INTERFERENCE WITH  
THE STABILITY OF MEDICAL CONDITIONS AND ISSUES,  
CONCERNING THE PERSON LISTED ABOVE. DOCUMENTATION  
OF THESE MEDICAL CONDITIONS AND ISSUES ARE  
AVAILABLE UPON REQUEST. THIS NOTICE WILL BE  
U.S.A. MAILED TO EACH UTILITY COMPANY, AS  
APPROPRIATE AND AS NECESSARY.

DOCTOR'S SIGNATURE: *J. Pante MD* DOCTOR'S TELEPHONE: 412 692 4888

DOCTOR'S ADDRESS: 9W 20 Mth, 200 Lothrop Rd Pa 15217

Nov. 2014. (OCT. 2014.) (~~SEP. 2014.~~) (~~AUG. 2014.~~) (JUNE 2014.)  
(TODAY'S DATE: WED., JAN. 22, 2014.) (~~JULY 2014.~~)

RECEIVED  
NOV 18 AM 10:42  
PA.P.U.C.  
SECRETARY'S BUREAU

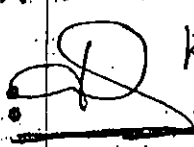
CONCERNING: WAYNE T. WILLIAMS, Wayne T. Williams.  
678 - LENORA ST., PITTSBURGH, PA 15206 (USA).  
(412) 361-6832. (NON-DRIVER.) (NON-ORGAN DONOR.)  
(ESTATE OF PA-I.D.# 21967998.)

MY OTHER MAILING ADDRESS IS:  
P.O. BOX-5482, PITTSBURGH, PA 15206 (USA).

GENERAL NOTICE

TO WHOM IT MAY CONCERN:

THE PURPOSE OF THIS SIGNED NOTICE OF MEDICAL  
HARDSHIP IS TO IMMEDIATELY RESTORE AND  
MAINTAIN HOUSEHOLD UTILITIES AT THE HOUSEHOLD  
ADDRESS LISTED ABOVE. WITHOUT THESE UTILITY  
SERVICES, THERE WOULD BE INTERFERENCE WITH  
THE STABILITY OF MEDICAL CONDITIONS AND ISSUES,  
CONCERNING THE PERSON LISTED ABOVE. DOCUMENTATION  
OF THESE MEDICAL CONDITIONS AND ISSUES ARE  
AVAILABLE UPON REQUEST. THIS NOTICE WILL BE  
U.S.A. MAILED TO EACH UTILITY COMPANY, AS  
APPROPRIATE AND AS NECESSARY.

DOCTOR'S SIGNATURE:  Kaushik P. Patel M.P.  
DOCTOR'S TELEPHONE: (412) 886-9803

DOCTOR'S ADDRESS: 2409 Brownsville Road  
Pittsburgh, PA 15210

NOV. 2014 (OCT. 2014) ~~SEPT. 2014~~ ~~AUG. 2014~~ ~~JUNE 2014~~  
(TODAY'S DATE: WED., JAN. 22, 2014.) ~~JULY 2014~~

RECEIVED  
NOV 18 AM 10:46  
PA.P.U.C.  
SECRETARY'S BUREAU

CONCERNING: WAYNE T. WILLIAMS, Wayne T. Williams.  
678-LENORA ST., PITTSBURGH, PA 15206 (USA).  
(412)361-6832. (NON-DRIVER). (NON-ORGAN DONOR).  
(SS: ). (STATE OF PA-I.D.#21967998).

MY OTHER MAILING ADDRESS IS:  
P.O. BOX-5482, PITTSBURGH, PA 15206 (USA).

GENERAL NOTICE

TO WHOM IT MAY CONCERN:  
THE PURPOSE OF THIS SIGNED NOTICE OF MEDICAL  
HARDSHIP IS TO IMMEDIATELY RESTORE AND  
MAINTAIN HOUSEHOLD UTILITIES AT THE HOUSEHOLD  
ADDRESS LISTED ABOVE. WITHOUT THESE UTILITY  
SERVICES, THERE WOULD BE INTERFERENCE WITH  
THE STABILITY OF MEDICAL CONDITIONS AND ISSUES,  
CONCERNING THE PERSON LISTED ABOVE. DOCUMENTATION  
OF THESE MEDICAL CONDITIONS AND ISSUES ARE  
AVAILABLE UPON REQUEST. THIS NOTICE WILL BE  
U.S.A. MAILED TO EACH UTILITY COMPANY, AS  
APPROPRIATE AND AS NECESSARY.

DOCTOR'S SIGNATURE: Eugene Oltz DOCTOR'S TELEPHONE: 412-246-5670

DOCTOR'S ADDRESS: EUGENE OLTZ  
MD072251-C  
Forbes Ave.  
31501A Oxford Bldg, 3rd fl, Pgh, PA 15213