



ORIGINAL

OFFICE OF CONSUMER ADVOCATE

555 Walnut Street, 5th Floor, Forum Place
Harrisburg, Pennsylvania 17101-1923
(717) 783-5048
800-684-6560 (in PA only)

IRWINA. POPOWSKY
Consumer Advocate

FAX (717) 783-7152
consumer@paoca.org

January 4, 2006

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JAN - 5 2007

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

James J. McNulty
Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17105-3265

RE: Pennsylvania Public Utility Commission
v.
Philadelphia Gas Works
Docket No. R-00061931 C0001

Dear Secretary McNulty:

Enclosed for filing, please find an original and three (3) copies of the Formal Complaint and Public Statement of the Office of Consumer, in the above-referenced proceeding.

Copies have been served on the parties of record as indicated on the enclosed Certificate of Service.

Sincerely,

Christy M. Appleby
Assistant Consumer Advocate
PA Attorney I.D. # 85824

DOCKETED

JAN 10 2007

Enclosures

cc: Office of Special Assistants
Certificate of Service

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DOCUMENT
FOLDER

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Pennsylvania Public Utility Commission

Formal Complaint Form

Please Print.

R-00061931C0001

1. Your name, mailing address, telephone number and utility account number:

Name Irwin A. Popowsky, Consumer Advocate

Street/P.O. Box 555 Walnut Street 5th Floor Forum Place Apt # _____

City Harrisburg State Pennsylvania Zip 17101-1923

County Dauphin

Area Code/Home Phone _____ Area Code/Work Phone (717)783-5048

Utility Account Number _____

If the above mailing address differs from the address where the utility service is provided, list this information below.

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

County _____

2. Name of utility company your complaint concerns: Philadelphia Gas Works

3. Type of Utility (circle one):

GAS

WATER

MOTOR CARRIER

STEAM HEAT

ELECTRIC

SEWER

TELEPHONE - (LOCAL OR LONG DISTANCE)

DOCKETED
JAN 10 2007

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4. What is your complaint? (Use additional paper if you need more space and provide copies of any relevant documentation you believe will support your complaint).

A. On December 22, 2006, Philadelphia Gas Works (PGW) filed Supplement No. 16 to its Tariff Gas- Pa. P.U.C. No. 2 at Docket No. R-00061931. The Company proposes to increase rates to produce additional annual operating revenues of \$100,000,000. Overall, the Company's request would increase rates by 9.6%. For residential customers, the Company proposes an increase of \$13 per month, or a 9.3% increase.

B. PGW also proposes to change the regulatory treatment of revenues from Off-System Sales and Capacity Release transactions. Instead of flowing these revenues through the Gas Cost Rate (GCR) as a credit, PGW proposes to retain these revenues to fund necessary construction projects. The estimated impact of this proposal is to increase the GCR by about \$10 million annually.

C. PGW is a municipal public utility company, owned by the City of Philadelphia and managed and operated by the Philadelphia Facilities Management Corporation, a non-profit Pennsylvania corporation. The natural gas service being furnished or rendered by PGW became subject to the regulation and control of the Pennsylvania Public Utility Commission on July 1, 2000, pursuant to the Natural Gas Choice and Competition Act, 66 Pa. C.S. § 2212 and pursuant to Section IV of the Company's existing Tariff.

D. PGW furnishes natural gas service to approximately 496,000 residential, commercial and industrial customers in the City of Philadelphia, Pennsylvania.

E. The Company avers that it requires a rate increase for three reasons: (1) a "significant" increase in non-gas operating expenses and interest expense; (2) inadequate

earnings in FY 2009 to meet its debt service obligation which will result in below "investment grade" coverage levels in FY 2008; and (3) the need for "adequate" liquidity.

F. The Consumer Advocate is empowered pursuant to 71 Pa.C.S. §§ 309-1 et seq. and 66 Pa.C.S. § 2212(i) to represent the interests of consumers before the Pennsylvania Public Utility Commission in matters involving PGW.

G. The Consumer Advocate avers that PGW's proposed changes in its base rates will or may result in unjust and unreasonable rates, in violation of Section 1301 of the Public Utility Code, Section 2212 enacted as part of the Natural Gas Choice and Competition Act, and sound ratemaking principles.

H. After an initial review of PGW's filing, the Consumer Advocate also avers that the Company's proposed base rates may be excessive, discriminatory or otherwise contrary to the Public Utility Code, the PGW Tariff, Commission regulations, or sound ratemaking policy.

I. A preliminary examination of the Company's filing indicates that the proposed changes and increases in rates, proposed rate schedule modifications and transfers, and proposed changes in rate policy, rules and regulations contained in the proposed Tariff may be unjust, unreasonable or in violation of the law. 66 Pa.C.S. § 1301, et seq. and 66 Pa. C.S. § 2212.

J. The Consumer Advocate also avers that the proposed tariff changes and proposed rate design changes may be unlawfully discriminatory, in violation of the Public Utility Code, 66 Pa. C.S. § 1301, 1304, 2212, and may otherwise be contrary to sound ratemaking principles and public policy.

K. A preliminary examination and review by the OCA of the Company's existing tariffs and rates indicates that certain rates and tariff provisions may not be just

and reasonable or otherwise proper under the Public Utility Code and applicable ratemaking principles, 66 Pa.C.S. § 1301, et seq. and 66 Pa.C.S. § 2212.

L. The Consumer Advocate also avers that the proposed changes in PGW's Gas Cost Rate (GCR) Off-System Sales/Capacity Release component may be unjust, unreasonable, or in violation of the law. 66 Pa.C.S. §§ 1301, 1307.

M. The Consumer Advocate files this complaint to ensure that the Commission fully and fairly adjudicates issues pertaining to whether the Company's existing and proposed rates, and any and all tariff changes and rate policy changes, are unjust, unreasonable, unduly discriminatory or otherwise unlawful.

5. What do you want the Public Utility Commission to do about your complaint? (Use additional paper if you need more space).

The Consumer Advocate respectfully requests that the Public Utility Commission:

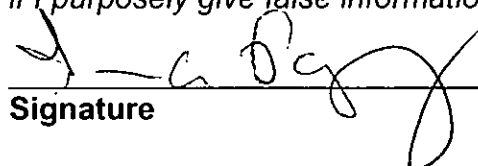
- A. Hold evidentiary hearings;
- B. Hold public input hearings in PGW's service area;
- C. Deny any rate changes or tariff changes that are not just and reasonable

and are not consistent with the Public Utility Code.

D. Grant any other relief deemed appropriate.

6. You must sign and date your complaint below.

The information I have placed on this form is true and correct to the best of my knowledge. I understand that I could be punished under Pennsylvania State Law if I purposely give false information.



Signature

1/5/07

Date

7. If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name Christy M. Appleby, Pa. Attorney I.D. No. 85824 and Darryl A. Lawrence, Pa. Attorney I.D. No. 93682, Assistant Consumer Advocates and Tanya J. McCloskey, Pa. Attorney I.D. No. 50044, Senior Assistant Consumer Advocate

Street/P.O. Box 555 Walnut Street, 5th Floor, Forum Place

City Harrisburg State Pennsylvania Zip 17101-1923

County Dauphin

Area Code/Phone Number (717)783-5048

8. **Mail to:**

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

If you have additional questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

PUBLIC STATEMENT OF THE OFFICE OF CONSUMER ADVOCATE
PURSUANT TO 71 P.S. SECTION 309-4(e)

Act 161 of the Pennsylvania General Assembly, 71 P.S. § 309-2, as enacted July 9, 1976, and Section 2212 of the Natural Gas Choice and Competition Act, 66 Pa. C.S. § 2212, authorize the Consumer Advocate to represent the interest of consumers before the Pennsylvania Public Utility Commission (Commission). In accordance with those statutory provisions, and for the following reasons, the Consumer Advocate determined to file a Formal Complaint and participate in proceedings before the Commission involving the base rate increase requested by Philadelphia Gas Works (PGW or Company) at Docket N. R-00061931.

PGW is a municipal public utility company, owned by the City of Philadelphia and managed and operated by the Philadelphia Facilities Management Corporation, a non-profit Pennsylvania corporation. The natural gas service being furnished or rendered by PGW became subject to the regulation and control of the Pennsylvania Public Utility Commission on July 1, 2000, pursuant to the Natural Gas Choice and Competition Act, 66 Pa. C.S. § 2212.

On December 22, 2006, Philadelphia Gas Works (PGW) filed Supplement No. 16 to its Tariff Gas- Pa. P.U.C. No. 2. The Company proposes to increase rates to produce additional annual operating revenues of \$100,000,000. Overall, the Company's request would increase rates by 9.6%. For the typical residential customers, the Company proposes an increase of \$13 per month, or a 9.6% increase. This proposal includes an \$80 million increase in operations expense, including increases to bad debt, health insurance, pension, interest cost and Other Operating and Maintenance Expenses as well as a \$20 million increase for debt reduction. The Company has also requested changes to the Gas Cost Rate (GCR) Off-System Sales and Capacity Release component of its rates. PGW proposes that for the next five years, approximately \$10 million per year in Off-

System Sales revenues be retained by PGW to fund necessary construction projects. The impact of this proposal is to increase the GCR rates by about \$10 million on an annual basis.

The objective of the Consumer Advocate in filing a Formal Complaint in this matter is to protect the interests of the Company's customers. The Consumer Advocate will seek to ensure that the Company is permitted to implement only a level of rates that is fully justified, just and reasonable and in accordance with the law and sound ratemaking principles. The Consumer Advocate will strive to prevent the Company from collecting from ratepayers any charges that are excessive, discriminatory or otherwise contrary to the Public Utility Code, Commission regulations or sound ratemaking policy.

92051.doc

CERTIFICATE OF SERVICE

Pennsylvania Public Utility Commission :
 :
 v. : Docket No. R-00061931
 :
 Philadelphia Gas Works :

I hereby certify that I have this day served a true copy of the foregoing document, Formal Complaint and Public Statement of the Office of Consumer Advocate, upon parties of record in this proceeding in accordance with the requirements of 52 Pa. Code § 1.54 (relating to service by a participant), in the manner and upon the persons listed below:

Dated this 4th day of January 2007.

SERVICE BY INTEROFFICE MAIL

Richard Kanaskie, Esquire
Allison C. Kaster, Esquire
Office of Trial Staff
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, P.O. Box 3265
Harrisburg, PA 17105-3265
Counsel For: *Office of Trial Staff*

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JAN - 5 2007

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

SERVICE BY FIRST CLASS MAIL

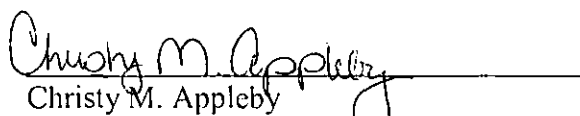
Daniel Clearfield, Esquire
Alan C. Kohler, Esquire
Wolf, Block, Schorr & Solis-Cohen
213 Market Street, 9th Floor
P. O. Box 865
Harrisburg, PA 17108-0865
Counsel for: *Philadelphia Gas Works*

Gregory J. Stunder, Esquire
Philadelphia Gas Works
900 West Montgomery Avenue
Philadelphia, PA 19122
Counsel for: *Philadelphia Gas Works*

Steven C. Gray
Assistant Small Business Advocate
Office of Small Business Advocate
Commerce Building, Suite 1102
300 North Second Street
Harrisburg, PA 17101
Counsel For: *Office of Small Business Advocate*

Philip A. Bertocci Esquire
Community Legal Services, Inc.
1424 Chestnut Street
Philadelphia, PA 19102
Counsel for: *Community Legal Services, Inc.*

Robert D. Knecht
Industrial Economics Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140
Consultant for: *Office of Small Business Advocate*



Christy M. Appleby
Assistant Consumer Advocate
PA Attorney I.D. # 85824
E-Mail: CAppleby@paoca.org
Darryl Lawrence
Assistant Consumer Advocate
PA Attorney I.D. # 93682
E-Mail: DLawrence@paoca.org
Tanya J. McCloskey
Senior Assistant Consumer Advocate
PA Attorney I.D. # 50044
E-Mail: TMcCloskey@paoca.org

Counsel for
Office of Consumer Advocate
555 Walnut Street
5th Floor, Forum Place
Harrisburg, PA 17101-1923
Phone: (717) 783-5048
Fax: (717) 783-7152

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 10, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
JAN 10 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0001

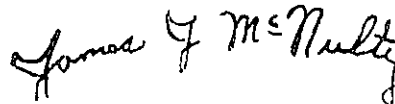
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by OFFICE OF CONSUMER ADVOCATE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION RECEIVED

Formal Complaint Form

2007 JAN 10 AM 8:47

Please print or type.

R-00061931C0002

PA.P.U.C. SECRETARY'S BUREAU

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name ERIC J STABLER

Street/P.O. Box 921 TREE STREET Apt #

City PHILADELPHIA State PA Zip 19148

County PHILADELPHIA

Area Code/HOME Phone 215-755-1290

Area Code/WORK Phone 215-831-4190

Utility Account Number 0356136799 (from your bill)

DOCKETED JAN 10 2007

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

DOCUMENT FOLDER

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

PHILADELPHIA ALREADY PAYS SOME OF THE HIGHEST GAS RATES IN THE NATION. I OBJECT TO LOWERING THE COST OF GAS 8% THAN RAISING THE COST OF SERVICE 9.8%

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

REFUSE THE REQUESTED RATE INCREASE OR AT LEAST LIMIT IT.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I ERIC J STABLER, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Eric J. Stabler 1/7/2007
(Signature) (Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 10, 2007

DOCKETED
JAN 10 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0002

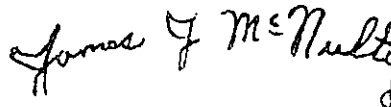
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by ERIC J. STABLER.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

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ORIGINAL

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

Formal Complaint Form

JAN 10 2007

Please print or type.

R-0006193100003

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Barbara Uecker

Street/P.O. Box 6308 Shelburne ST Apt #

City Phila State Pa. Zip 19111

County _____

Area Code/HOME Phone 215-722-2912

Area Code/WORK Phone _____

Utility Account Number 6117461302
(from your bill)

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

DOCKETED DOCUMENT
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JAN 17 2007

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4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

Please see attached page.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

See attached page.

I just received a notice that the request for an increase in rate had been filed with the Pennsylvania Public Utility Commission.

I wanted to voice my opinion on this request. I have lived in my current place of residence since 1967 and have never missed or been late with a bill payment. I live in a twin home that is only exposed on two sides and has storm windows to keep down the heating costs. I have been keeping my heat register turned down as far as I can without turning off the heat, this has been a mild winter with temperatures above normal for the winter, live alone so there is not a great use of gas for cooking and heating and even with these factors I still had a gas bill of \$126.75 for last month. Here is a sample of last year's gas bills \$217.19 (12/06), \$215.75 (1/06), and \$232.57 (2/06). Remember this is for a small home. Could you imagine how much higher the cost would have been if I had small children, which would mean putting the heat up higher, cooking more, larger washes, and more hot water for baths.

The increase of gas costs is growing at such a rate people have to decide over heat, food, medications or paying other bills. I am tired of the gas company asking for and getting more money. If I ran my home the way the Philadelphia Gas Works runs it's company I would be out on the street. Throwing money at a problem does not always solve that problem but just encourage future irresponsibility. Philadelphians pay a much higher rate for gas heat than the outlying counties and that is not fair. If I could afford it I would be out of the city in a heartbeat. PECO and the telephone companies were forced to give up what was considered a monopoly, but the Philadelphia Gas Works with their poor management record as been allowed to conduct business as usual. Why?

I along with many others now live on a fixed income and I cannot request an increase in my monthly income. What are we supposed to do? **Please do not grant the increase request.** Last year when gasoline prices went through the roof they increased our rates because of the increase cost of operation. Well, when the cost of gasoline went down the rates we paid PGW did not decrease accordingly. Maybe it is time for someone else to service Philadelphia with gas for home heat. Maybe it is time to break up this monopoly.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES
NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)
NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:
I Barbara Decker, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Barbara Decker (Signature) Jan. 8, 2007 (Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 17, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0003

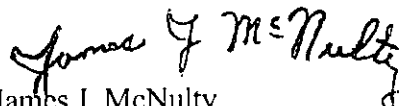
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by BARBARA UECKER.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,


James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DOCKETED **DOCUMENT FOLDER**
JAN 17 2007

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Formal Complaint Form

RECEIVED
2007 JAN 17 AM 10:58
UTILITY BUREAU

Please print or type.

R-000619310004

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name James Mitchell

Street/P.O. Box 8109 REVERE ST Apt # _____

City Philadelphia State PA Zip 19152

County Philadelphia

Area Code/HOME Phone 215 338 2897

Area Code/WORK Phone _____

Utility Account Number 3122119463
(from your bill)

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILA. GAS WORKS

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

DOCKETED DOCUMENT FOLDER
JAN 18 2007

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4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

The weather has been mild but yet PG&W still wants more money. I saw two old people die in house fires this Am. because they can hardly afford the rates currently available even with a senior discount. Propose a smaller rate increase

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Check inside their own management to see if there is waste. Perhaps a private company could run it better. Merge with Peco and not get too big a monopoly. ~~merge with~~ Merge with Peco and not get too big a monopoly. ~~to make~~ MAKE weatherizing plans and materials available to the public if not already in place

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:
I James Mitchell, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

(Signature) James Mitchell (Date) 1/12/07

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 18, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0004

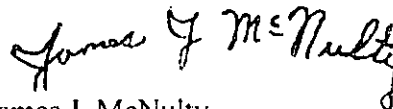
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by JAMES MITCHELL.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

DOCKETED
JAN 18 2007

**DOCUMENT
FOLDER**

Kate Protest
Pennsylvania FJC

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

JAN 02 2007

Consumer Services
CAC Division

Please print or type.

R-00061931C0005

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address.

Name Russell J. Rossi

Street/P.O. Box 1523 Iseminger St Apt #

City Philadelphia State PA Zip 19147

County Philadelphia

Area Code/HOME Phone 215-287-0827

Area Code/WORK Phone 215-406-6111

Utility Account Number 0008581297
(from your bill)

ORIGINAL

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

RECEIVED
2007 JAN 11 PM 3:56
TREASURER'S BUREAU

38

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

In a press release dated 11/11/06 PGW announced it's filing for a rate increase to cover higher operating costs. This increase in costs is to cover their increase in debt maint, pension + healthcare benefits. Meanwhile, exelon on Nov 28th announced a rate decrease. I am objecting to this proposed increase to cover costs that are NOT related to supply costs of natural gas.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

It is my recommendation that the P.U.C. make the recommendation to City Council to privatize or sell PGW to a larger utility. This should allow additional economies of scale not currently available to PGW, and result in cost savings for the consumer, as well as less defaults on billing due to high costs.

6. **PROTECTION FROM ABUSE**

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. **PRIOR UTILITY CONTACT**

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. **VERIFICATION AND SIGNATURE**

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I Russell J. Rossi, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Russell J. Rossi (Signature) 10/29/06 (Date)


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Fact Sheet

Media Contact

November 28, 2006 - PECO Natural Gas Rate Reduction Takes Effect Dec. 1; Winter gas rate 24% lower than a year ago

Contact: Cameron Kline 215-841-5555

PHILADELPHIA (November 28, 2006) - Effective December 1, PECO will reduce its natural gas rate by nearly 4 percent, making it the fourth consecutive quarterly rate decrease and rolling rates back 24 percent lower than last December.

The lower rate will mean savings of about \$80 a month for the typical residential heating customer using 200 ccf, compared to last winter, and more for larger users. The gas rate will drop from \$1.29 per hundred cubic feet (ccf) to \$1.24 per ccf. Following the impact of Hurricanes Katrina and Rita, the gas rate rose to \$1.65 last year at this time. With improved wholesale market conditions, rate reductions were passed along March 1, June 1, and September 1.

A residential heating customer using 100 ccf will pay \$131 a month, while customers using 200 ccf in a month will spend \$255, including the \$7.20 fixed monthly service charge. The U.S. Department of Energy has forecast households with natural gas heat will pay less than those with alternative heating systems, such as oil and propane. (source: Energy Information Administration)

"Natural gas is clean, efficient and the best value this winter. We've worked hard in recent months, arranging our gas supply for customers to provide the most competitive price available. We've locked in lower off-season wholesale prices and hedged on supply costs to protect against the market's volatility," said Reed Horting, PECO vice president, gas.

PECO's natural gas rate is made up of two parts:

- The delivery charge (\$0.28/ccf) reflects the cost of moving the natural gas from the interstate pipelines to the customer, and
- The gas commodity charge (\$.96/ccf), or purchased gas cost (PGC), is the part of the bill that will decrease on December 1st and reflects only the cost PECO pays to buy gas on the wholesale market and transport it from the source to the local distribution system. PECO is not permitted to mark up the commodity charge.

While the gas commodity charge fluctuates each year with the wholesale market, PECO's base delivery charge has been essentially the same since 1988.

Despite lower gas rates, heating costs still can be high in the wintertime, depending on seasonal weather and the size and energy efficiency of the home. PECO advises consumers to be aware of how they use energy around the home and use energy wisely to best manage monthly bills. PECO offers a

budget-billing plan that equalizes the customer's annual energy costs throughout the year and offers consumers a predictable monthly utility bill. Customers can enroll for budget billing at www.peco.com/ehome.

To save energy during the wintertime, PECO recommends the following:

- Heaters to be inspected and cleaned by a qualified professional at least every two years for safety and optimal operation;
- A new heater filter prior to the heating season and every month or so afterward for increased efficiency;
- An insulating wrap for the hot water heater and insulating tape for the hot water pipes in exposed areas so heat is not lost as the hot water moves throughout the home;
- Water saving shower heads so less hot water is used;
- A programmable thermostat to better regulate heating temperature and energy use;
- Door jams to stop cold drafts;
- Weather stripping and caulk for leaky doors, windows and openings; and
- Plastic sheeting for windows if the home does not have storm windows or double pane windows.

While each of these items is relatively inexpensive, the potential savings from the use of these products could be more than \$250 to \$300 a year. More energy saving tips are available on PECO's Web site at www.peco.com or from the Alliance to Save Energy at www.ase.org.

The company also offers assistance for low and fixed income customers. Applications are now available for Low-Income Home Energy Assistance Program (LIHEAP) grants to help offset heating costs or overcome a problem with the house heater. LIHEAP grants are funded by the Federal government and administered by the state. The program's eligibility is based on family size and income.

PECO also offers discounted electric and gas rates under its CAP program, which has the largest enrollment of any utility in the state. Customers interested in learning more about LIHEAP or CAP assistance can call 1-800-774-7040.

The company also matches voluntary contributions for its Matching Energy Assistance Fund (MEAF), which provides grants up to \$500. Residents can apply through their local social service agency office.

Additionally, the Low Income Usage Reduction Program (LIURP) provides conservation and weatherization assistance for qualified households year round. For more information and eligibility requirements, customers can call 1-800-675-0222.

###

Based in Philadelphia, PECO is an electric and natural gas utility subsidiary of Exelon Corporation (NYSE: EXC). PECO serves 1.6 million electric and 470,000 natural gas customers in southeastern Pennsylvania. In 2005, the company delivered 38.7 million megawatt-hours (Mwh) of electricity and 85.1 billion cubic feet of natural gas to residential, business and institutional customers. PECO's energy delivery services generated \$4.91 billion in revenue for Exelon. Founded in 1881, PECO is one of the Greater Philadelphia Region's most active corporate citizens, providing leadership, volunteer and financial support to numerous arts and culture, education, environmental, economic development and community programs and organizations.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 19, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0005

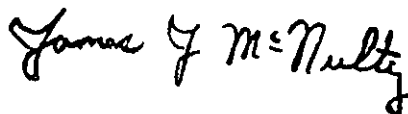
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by RUSSELL J. ROSSI.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
JAN 18 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED

2007 JAN 17 01:10:27

Please print or type.

R-0006193100006

SECRETARY'S BUREAU

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

ORIGINAL

Name DEBRA FLEMING

Street/P.O. Box 1764 N. DOVER STREET Apt #

City PHILADELPHIA State PA Zip 19121

County

Area Code/HOME Phone 215-232-5005

Area Code/WORK Phone 215-831-4190

Utility Account Number 9117500936 (from your bill)

DOCKETED JAN 22 2007

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILADELPHIA GAS WORKS

3. TYPE OF UTILITY (check one)

- ELECTRIC, GAS, WATER, TELEPHONE, STEAM HEAT, WASTE WATER, MOTOR CARRIER (taxi, moving company, limousine)

DOCUMENT FOLDER

HL

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

I REJECT THE RATE INCREASE FOR PGW.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I DO NOT WANT THE THE INCREASE TO GO INTO
AFFECT.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I DEBRA FLEMING, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Debra Fleming (Signature) 1/10/07 (Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 22, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
JAN 22 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0006

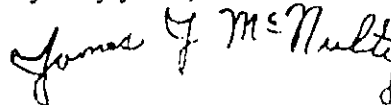
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DEBRA FLEMING.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

Formal Complaint Form

RECEIVED
2007 JAN 18 AM 9:08

SECRETARY'S BUREAU

Please print or type. R-000619310007

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name CORNELIA HESTER-Williams

Street/P.O. Box 2727 W. Lehigh AVE Apt # _____

City Philadelphia State PA Zip 19132-3129

County Philadelphia

Area Code/HOME Phone 215-223-1212

Area Code/WORK Phone _____

Utility Account Number 1119 785 623
(from your bill)

DOCKETED
JAN 22 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

DOCUMENT FOLDER 15

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

SEE ATTACHED

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

STOP OR DENY PROPOSED RATE INCREASE.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I CORNELIA HESTER-WILLIAMS, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Cornelia Hester-Williams January 15, 2007
(Signature) (Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

January 15, 2007

Pennsylvania Utility Commission (PUC)
P.O. Box 3265
Harrisburg, Pennsylvania 17105-3265

RE: Opposition to Philadelphia Gas Works Proposed Rate Increase

Dear Sir/Madam:

I am writing to the PUC to oppose the proposed rate increase by Philadelphia Gas Works (PGW). During the week of December 17, 2006, ABC News (Channel 6 in Philadelphia) reported that the Philadelphia Gas Works (PGW) is considering another rate increase.

Why are the other utility customers lowering their rates when PGW continues to increase their rates? We are already being billed for every phase of PGW's operations plus some.

PECO put a notice in their December bill informing the customers that their gas rates had decreased 24% during 2006.

The customers who pay their bills can no longer afford to carry the burden of those who do not pay their bills. It should not be our responsibility. We pay for each phase of PGW's operations. It also appears that PGW has put in place a solution for global warming. If it is too warm we are charged. If it becomes excessively cold we do get a credit; however, how many excessively cold days have we had(?). Where is the money going? As I mentioned previously, the PECO seems to have its ducks in a row. PECO has taken steps to educate their customers regarding conservation. In addition, it seems to be genuinely concerned regarding its customers welfare. I know this is in their own interest to keep customers and not chase them away. However, I haven't seen PGW do anything more than to continue to raise the rates. Why?

Has the state of Pennsylvania done its part in safeguarding its constituents against freezing to death as well as not being able to cook, take a hot bath, wash their clothes, etc.?

What sense does it make to continue to increase the rates when the customers are unable to pay them? When we participate in the CRP Program, we don't get a break. We are being kept in a state of poverty as well as a state of fear? When I speak to acquaintances living in the upper income neighborhoods it seems their bills are lower than the bills we receive in the lower income neighborhoods. Each time PGW raises its rates, those who faithfully pay their bills are in risk in having their services discontinued. **How long can this continue?**

TO: Pennsylvania Utility Commission
FROM: Cornelia Hester-Williams
RE: PGW Proposed Rate Increase
DATE: January 15, 2007
PAGE: 2 of 2

I receive a little less than a thousand dollars a month in Social Security Benefits and pay mortgage, utility bills and other expenses out of that check. I am struggling. There others who receive less than me and who are probably in dire straits. These people are not criminals but may begin to commit petty crimes just to survive. Our Human Rights are being violated as well as our Civil Rights. If we are struggling to pay our bills now, why does the PUC continue to support PGW's rate increases?

There is something wrong with this picture.

There may be people who cannot afford to pay their bills. However, there are people who are living better than those in the upper income neighborhoods. We should not have to pay their utility bills.

I am one individual but I speak for many others who have adjusted to the injustices of the movers and shakers in Philadelphia; and, feel that those in authority will not listen to them or care for them. You have to remember that we also vote. But my question is: Why continue to vote when no one cares?

Because the residents do not feel any one cares, it very easy for PGW to get rate increases approved. There should be a review of the PGW's business practices to determine a solution that does not always include rate increases.

Again, I request that the Pennsylvania Utility Commission not approve the proposed rate increase by the Philadelphia Gas Works.

Respectfully,



Cornelia Hester-Williams
2727 West Lehigh Avenue
Philadelphia, PA 19132-3129
(215) 223-1212
chw1212@msn.com

Account # 1119785623

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 22, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
JAN 22 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0007

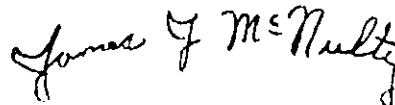
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by CORNELIA HESTER-WILLIAMS.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**



OFFICE OF SMALL BUSINESS ADVOCATE
Suite 1102, Commerce Building
300 North Second Street
Harrisburg, Pennsylvania 17101

William R. Lloyd, Jr.
Small Business Advocate

DOCKETED (717) 783-2525
(717) 783-2831 (FAX)
JAN 22 2007

January 18, 2007

HAND DELIVERED

James J. McNulty, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
P. O. Box 3265
Harrisburg, PA 17105-3265

ORIGINAL

Re: Pennsylvania Public Utility Commission v. Philadelphia Gas Works
Docket No. R-00061931 C0008

Dear Secretary McNulty:

I am delivering for filing today the original plus three copies of the Complaint, Verification, Public Statement, and Notice of Appearance, on behalf of the Small Business Advocate in the above-captioned matter.

Two copies have been served today on all known parties in this proceeding. A Certificate of Service to that effect is enclosed.

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

Sincerely,

Steven C. Gray
Steven C. Gray
Assistant Small Business Advocate
Attorney ID No. 77538

Enclosures

cc: Hon. Veronica Smith
Parties of Record

**DOCUMENT
FOLDER**

RECEIVED
2007 JAN 18 PM 5:02
PA PUC
SECRETARY'S BUREAU

97

ORIGINAL


BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PENNSYLVANIA PUBLIC UTILITY
COMMISSION

v.

PHILADELPHIA GAS WORKS

:
:
:
:
:
:
:

DOCKET NO. R-00061931 

**COMPLAINT OF THE
SMALL BUSINESS ADVOCATE**

1. The Complainant is:

William R. Lloyd, Jr.
Small Business Advocate
Suite 1102, Commerce Building
300 North Second Street
Harrisburg, PA 17101
(717) 783-2525

DOCKETED
JAN 22 2007

2. The name and address of the Complainant's attorney is:

Steven C. Gray
Assistant Small Business Advocate
Office of Small Business Advocate
Suite 1102, Commerce Building
300 North Second Street
Harrisburg, PA 17101
(717) 783-2525

RECEIVED
2007 JAN 18 PH 5:02
PA PUC
SECRETARY'S BUREAU

3. The respondent utility is:

Philadelphia Gas Works
800 West Montgomery Avenue
Philadelphia, PA 19122

**DOCUMENT
FOLDER**

4. The Complainant is authorized and directed by the Small Business Advocate Act, Act 181 of 1988, 73 P.S. §§ 399.41 - 399.50, to represent the interests of small business consumers of utility services in matters before the Pennsylvania Public Utility Commission (“Commission”).

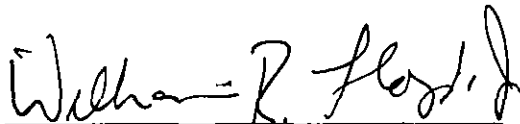
5. This Complaint is filed against the rates, terms and other provisions of Tariff Supplement 16 to Gas Service Tariff – Pa. P.U.C. No. 2, which was filed on December 22, 2006, by Philadelphia Gas Works (“PGW” or the “Company”). The proposed Tariff, if approved by the Commission, would increase the total operating revenues of PGW by \$100 million per year. After preliminary review of the materials filed by the Company in support of the proposed Tariff, Complainant believes, and therefore avers, that those materials may be insufficient to justify the rate increase requested and that the Company’s present and proposed rates, rules, and conditions of service may be unjust, unreasonable, unduly discriminatory, and otherwise contrary to law, particularly as they pertain to small business customers.

6. Complainant believes, and therefore avers, that PGW’s proposed rates, rate design, and cost and revenue allocation are or may be unjust, unreasonable, and unlawfully discriminatory in violation of, *inter alia*, Sections 1301 and 1304 of the Public Utility Code, 66 Pa.C.S. §§1301 and 1304, and contrary to appropriate public policy and sound ratemaking considerations, and may not be supported by the materials filed by PGW.

7. In view of the foregoing, the Small Business Advocate respectfully requests that the Pennsylvania Public Utility Commission:

- A. Suspend and investigate the operation of Tariff Supplement 16 to Gas Service Tariff – Pa. P.U.C. No. 2;
- B. At the conclusion of such investigation, reject the proposed new rates and other tariff changes in Tariff Supplement 16 to Gas Service Tariff – Pa. P.U.C. No. 2 to the extent required to insure that PGW's rates are lawful, just, reasonable and not unduly discriminatory to any class of customers; and
- C. Grant such other relief as may be necessary or appropriate.

Respectfully submitted,



William R. Lloyd, Jr.
Small Business Advocate
Attorney ID No. 16452

Office of Small Business Advocate
Suite 1102, Commerce Building
300 North Second Street
Harrisburg, PA 17101
(717) 783-2525
(717) 783-2831 (fax)

Dated: January 18, 2007

VERIFICATION

I, William R. Lloyd, Jr., hereby state that the facts set forth herein above are true and correct to the best of my knowledge, information, and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

Date: January 18, 2007

William R. Lloyd, Jr.
(Signature)

**PUBLIC STATEMENT OF
SMALL BUSINESS ADVOCATE
CONCERNING THE INTEREST
OF SMALL BUSINESS CONSUMERS
TO BE PROTECTED BY THE FILING OF A COMPLAINT
AGAINST THE 2006 GENERAL BASE RATE INCREASE FILING OF
PHILADELPHIA GAS WORKS
DOCKET NO. R-00061931 C00008**

The Small Business Advocate is authorized and directed to represent the interest of small business consumers of utility services in Pennsylvania under the provisions of the Small Business Advocate Act, Act 181 of 1988, 73 P.S. §§ 399.41 - 399.50 ("Act"). The Act further provides that the Small Business Advocate is to issue publicly a written statement stating concisely the specific interest of small business consumers to be protected by his initiation of or intervention in any proceeding involving those interests before the Public Utility Commission or any other agency or court. This public statement relates to the filing today by the Small Business Advocate of a complaint against the proposed 2006 General Base Rate Increase Filing of Philadelphia Gas Works ("PGW" or the "Company").

The Small Business Advocate files this formal complaint against the Company's proposed general base rate increase in order to protect the interests of the Company's small business customers. A thorough inquiry by the Public Utility Commission into all of the elements of the Company's proposed general base rate increase is necessary to ensure that the general base rate increase is lawful, just, reasonable, and not unduly discriminatory to any class of customers.

In view of the foregoing, the Small Business Advocate will participate in proceedings before the Public Utility Commission to investigate the reasonableness of the proposed general base rate increase. The Small Business Advocate will ask the Commission to deny any proposed

new rates and other tariff changes that apply to small business customers that are not proven by PGW to be lawful, just, reasonable, and not unduly discriminatory to all of its customer classes.

Dated: January 18, 2007

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PENNSYLVANIA PUBLIC UTILITY
COMMISSION

v.

PHILADELPHIA GAS WORKS

DOCKET NO. R-00061931

00008

CERTIFICATE OF SERVICE

I certify that I am serving two copies of the Complaint, Verification, Public Statement, and Notice of Appearance, on behalf of the Office of Small Business Advocate, by e-mail and first class mail (unless otherwise noted) upon the persons addressed below:

Hon. Veronica Smith
Chief Administrative Law Judge
Pa. Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105
(717) 787-1191
(717) 787-0481 - Fax
verosmith@state.pa.us
(E-mail and Hand Delivery)

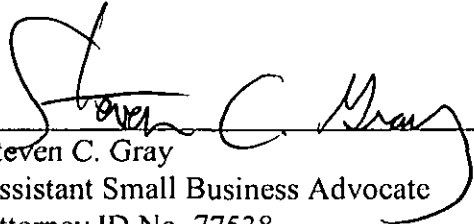
Daniel Clearfield, Esquire
Alan C. Kohler, Esquire
Wolf, Block, Schorr & Solis-Cohen
213 Market St., 9th Floor
P. O. Box 865
Harrisburg, PA 17108-0865
(717) 237-7160
(717) 237-7161 (fax)
dclearfield@wolfblock.com
akohler@wolfblock.com

Gregory J. Stunder, Esquire
Philadelphia Gas Works
900 West Montgomery Avenue
Philadelphia, PA 19122
(215) 684-6878
(215) 684-6798 (fax)
greg.stunder@pgworks.com

Darryl Lawrence, Esquire
Christy Appleby, Esquire
Tanya McCloskey, Esquire
Jessica Horner, Esquire
Office of Consumer Advocate
555 Walnut Street 5th FL Forum Place
Harrisburg, PA 17101-1923
(717) 783-5048
(717) 783-7152 (fax)
dlawrence@paoca.org
cappleby@paoca.org
tmccloskey@paoca.org
jhorner@paoca.org
(E-mail and Hand Delivery)

Johnnie E. Simms, Esquire
Office of Trial Staff
Pa. Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105
(717) 787-1976
(717) 772-2677 (fax)
josimms@state.pa.us
(E-mail and Hand Delivery)

Date: January 18, 2007


Steven C. Gray
Assistant Small Business Advocate
Attorney ID No. 77538

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 22, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
JAN 22 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0008

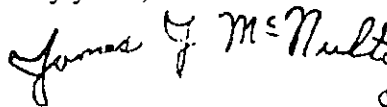
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by OFFICE OF SMALL BUSINESS ADVOCATE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

Formal Complaint Form

ORIGINAL
Please print or type.

R-00061931C0009

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Robert Kloter

Street/P.O. Box 7038 Shelborne St Apt # _____

City Philadelphia State Pa Zip 19111

County Philadelphia

Area Code/HOME Phone 215-745-8444

Area Code/WORK Phone _____

Utility Account Number 5119107158
(from your bill)

DOCKETED
JAN 24 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Phila. Gas Works
(PGW)

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

DOCUMENT FOLDER

RECEIVED
2007 JAN 23 AM 8:30
SECRETARY OF TREASURY

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

My heat is on 62°. My house is COLD. My bill is over \$200.00. Something is wrong if a hard working family can't keep their home a little warm.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Please reject P.G.W.'s request for ANOTHER increase. They are asking for a 9.3% increase. Please do not approve any increase.

Thank you for your time.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

n/a

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

n/a

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I Robert Kloter, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Robert A. Kloter
(Signature)

1/18/07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

JANUARY 24, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
JAN 24 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0009

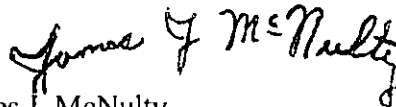
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by ROBERT KLOTER.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**



January 26, 2007

James J. McNulty, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
2nd Floor, 7 North
400 North Street
Harrisburg, PA 17120

Filed by Federal Express

Re: Pennsylvania Public Utility Commission v. Philadelphia Gas Works
Docket No. R-00061931 CCOC

Dear Secretary McNulty:

On behalf of Action Alliance of Senior Citizens of Greater Philadelphia and Tenant Union Representative Network (TURN), enclosed please find an original and three (3) copies of the Formal Complaint in the above-captioned matter.

Copies of this filing have been sent this date to the parties listed on the Certificate of Service by First Class U.S. Mail, postage prepaid.

Very truly yours,

Philip A. Bertocci, Esquire
Thu B. Tran, Esquire

Attorneys for Action Alliance *et al.*

cc: Certificate of Service

Enclosures

DOCUMENT
FOLDER

ORIGINAL

RECEIVED

JAN 26 2007

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCKETED
JAN 30 2007

61

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**PENNSYLVANIA PUBLIC UTILITY
COMMISSION**

:
:

v.

:

Docket No. R-00061931 C0010

PHILADELPHIA GAS WORKS

:

FORMAL COMPLAINT

1. The Complainants are two consumer organizations, Action Alliance of Senior Citizens of Greater Philadelphia ("Action Alliance"), Tenant Union Representative Network (TURN) (hereinafter collectively "Action Alliance *et al.*") who advocate on behalf of low and moderate income residential customers and consumers of the utility services of the Philadelphia Gas Works.

2. The names and address of the Complainants' attorneys are:

Philip A. Bertocci, Esquire
Thu B. Tran, Esquire
COMMUNITY LEGAL SERVICES, INC.
1424 Chestnut Street
Philadelphia, PA 19102-2505
Telephone: (215) 981-3702
Fax: (215) 981-0435

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JAN 26 2007

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

DOCKETED
JAN 30 2007

**DOCUMENT
FOLDER**

3. The Respondent utility is:

Philadelphia Gas Works
800 West Montgomery Avenue
Philadelphia, PA 19122

4. On December 21, 2006, the Philadelphia Gas Works (PGW) filed Supplement No. 16 to its Tariff which, if implemented, would increase PGW's base rates by \$100 million annually, effective no later than June 1, 2007. This Complaint is directed against that base rate increase. Such a base rate increase would allegedly increase residential customer bills approximately 9.3 % above present levels, and represents over a 40% increase in the base rate. The proposed base rate increase would impose severe hardship on low and moderate income residential consumers.

5. Action Alliance of Senior Citizens of Greater Philadelphia is a registered non-profit corporation and membership organization with offices at 2740 North Front Street, Philadelphia, PA, 19133. The mission of Action Alliance is to advocate on behalf of senior citizens, many of whom are low and moderate income, in a wide range of matters including the management, rates and quality of customer service of the Philadelphia Gas Works.

6. The Tenant Union Representative Network (TURN) is a registered non-profit advocacy organization with many low income members with offices at 1315 Walnut Street, 3rd Floor, Philadelphia, PA 19107. The mission of TURN is to advocate on behalf of low and moderate income tenants.

7. In addition to their organizational missions to advocate on behalf of low and moderate income consumers, Action Alliance and TURN count among their members many low and moderate income customers of the Philadelphia Gas Works. For these two reasons, they therefore have an interest in this proceeding not adequately represented by any other party of record.

8. Action Alliance *et al.* have conducted an initial review of PGW's base rate increase and Tariff amendments and filed supporting documentation. Action Alliance *et al.* intend to oppose this request for a base rate relief increase and Tariff amendments on the grounds that the proposed increase would result in unjust and unreasonable rates, in violation of Section 1301 of the Public Utility Code, 66 Pa.C.S. §1301, Section 2212 of the Natural Gas Choice and Competition Act, 66 Pa.C.S. § 2212, Section 1307 of the Public Utility Code, 66 Pa.C.S. §1307 and sound rate making principles.

9. More specifically, the proposed rate increase should be rejected for numerous reasons, including but not limited to:

(A) the requested rate relief unfairly requires customers to pay through rates to reduce a level of long term debt which was incurred through mismanagement by PGW's owner, the City of Philadelphia;

(B) that PGW's plan would place the burden of debt reduction on customers, while allowing the City nonetheless to receive \$36 million in dividends over a five year period for deposit into the City's General Fund;

(C) that the increase in rates that is requested is in excess of what is necessary in order for PGW to meet its bond covenants;

(D) that PGW has provided no plan which would assure that rates justified as necessary to reduce debt would not in fact be diverted to pay for unforecasted increases in operating and capital costs;

(E) that PGW's customer service, including but not limited to the low level of performance of the call center, does not justify such an increase in rates;

(F) that PGW's proposal to divert up to \$10 million annually from revenue derived from "off system sales" and from pipeline capacity release to debt reduction and capital expenditures fund represents a hidden additional \$10 million rate increase, because it will increase GCR costs passed on to customers by that amount;

(G) that PGW's operating costs, including executive bonuses, are excessive, and the rate increase request contains no plan to reduce those operating costs;

(H) that PGW's excessive concentration on termination of service as a collection method coupled with its harsh payment agreement requirements have resulted in the deprivation of winter heating service to approximately 9,000 customers annually, including approximately 5,000 customers within household income below 150%FPL.

(I) that PGW's universal service programs are under enrolled in light of the number of PGW's low income customers;

(J) that PGW's proposed Tariff contains amendments to its customer

service regulations which eliminated existing customer protections and/or are not consistent with the Public Utility Code and Chapter 56.

Wherefore, Action Alliance *et al.* respectfully request that the Pennsylvania Public Utility Commission:

- (1) suspend the proposed rate increase and Tariff amendments;
- (2) accept this Complaint and allow Complainants to intervene in this proceeding with active party status;
- (3) hold evidentiary hearings on the proposed rate increase and Tariff amendments;
- (4) schedule public input hearings;
- (5) deny the proposed rate increase and Tariff amendments;
- (6) grant such other relief as is reasonable and appropriate.

RECEIVED

JAN 26 2007

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Respectfully submitted,

Philip A. Bertocci

PHILIP A. BERTOCCHI, ESQUIRE
THU B. TRAN, ESQUIRE

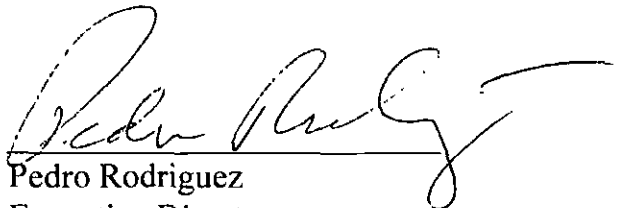
Attorneys for Action Alliance, *et al.*

COMMUNITY LEGAL SERVICES, INC.
1424 Chestnut Street, 4th Floor
Philadelphia, PA 19102-2505
Tel.: 215-981-3702
FAX: 215-981-0435

VERIFICATION

I, Pedro Rodriguez, on behalf of Action Alliance of Senior Citizens of Greater Philadelphia, hereby state that the facts contained in the foregoing pleading are true and correct to the best of my knowledge, information and belief, that I am duly authorized to make this Verification, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Date: 1/26/07


Pedro Rodriguez
Executive Director

RECEIVED

JAN 26 2007

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

CERTIFICATE OF SERVICE

Pennsylvania Public Utility Commission :
 :
 v. : Docket No. R-00061931
 :
 Philadelphia Gas Works :

I hereby certify that I have this day served a true copy of the foregoing document, Formal Complaint, upon the parties of record in this proceeding in accordance with the requirements of 52 Pa. Code § 1.54 (relating to service by a participant), in the manner upon the persons listed below:

SERVICE BY FIRST CLASS MAIL

Richard Kanaskie, Esquire
Allison C. Kaster, Esquire
Office of Trial Staff
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, P.O. Box 3265
Harrisburg, PA 17105-3265

Christy M. Appleby, Esquire
Darryl Lawrence, Esquire
Tanya J. McCloskey, Esquire
Office of Consumer Advocate
555 Walnut Street
5th Floor, Forum Place
Harrisburg, PA 17101-1923

Daniel Clearfield, Esquire
Alan C. Kohler, Esquire
Wolf, Block, Schorr & Solis-Cohen
213 Market Street, 9th Floor
P.O. Box 865
Harrisburg, PA 17108-0865

Gregory J. Stunder, Esquire
Philadelphia Gas Works
900 West Montgomery Avenue
Philadelphia, PA 19122

Steven C. Gray, Esquire
Assistant Small Business Advocate
Office of Small Business Advocate
Commerce Building, Suite 1102
300 North Second Street
Harrisburg, PA 17101

RECEIVED

JAN 26 2007

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

Philip A Bertocci

PHILIP A. BERTOCCI

Dated: January 26, 2007

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

January 30, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0010

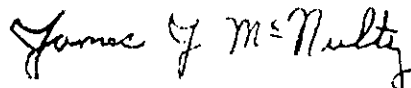
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by ACTION ALLIANCE OF SENIOR CITIZENS OF GREATER PHILADELPHIA & TENANT UNION REPRESENTATIVE NETWORK.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCUMENT
FOLDER

DOCKETED
JAN 30 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

R-00061961C0011

Your name, mailing address, county, telephone number, utility account number and service address:

Name Stephen Rosenzweig

Street/P.O. Box 744 E. PASSYUNK AVE Apt #

City PHILADELPHIA State PA Zip 19147

County PHILADELPHIA

Area Code/HOME Phone 215-922-3513

Area Code/WORK Phone 215-563-5555

Utility Account Number 2114494117 (from your bill)

RECEIVED

JAN 26 2007

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P.G.W.

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER (taxi, moving company, limousine)

ORIGINAL

DOCKETED

JAN 30 2007

DOCUMENT FOLDER

63

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

PRIOR TO GRANTING P.G.W. THE \$100,000,000 ANNUAL INCREASE FOR DISTRIBUTION SERVICES, I AM REQUESTING THE PUC TO RELEASE THE AMOUNT OF PGW UNCOLLECTED REVENUES CATEGORIZED BY RESIDENTIAL HEATING CUSTOMER, COMMERCIAL HEATING CUSTOMER, MUNICIPAL SERVICE HEATING CUSTOMER AND PHILADELPHIA HOUSING AUTHORITY CUSTOMER.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I WOULD LIKE THE PUC TO MAKE THESE NUMBERS PUBLIC TO PERMIT THE PUBLIC TO DETERMINE IF P.G.W.'S REQUESTED INCREASE COULD BE REDUCED IF THE UTILITY DID A BETTER JOB OF COLLECTION. I WOULD ALSO LIKE THE PUC TO RELEASE THE DOLLARS WRITTEN OFF BY P.G.W. AS NON-COLLECTABLE. UNTIL THEN I AM REQUESTING PUC TO DELAY THE P.G.W. REQUEST FOR A RATE INCREASE.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

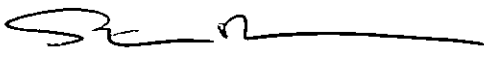
THEY REFERRED ME TO THE P.U.C. THEY REFUSED TO PROVIDE THE REQUESTED DATA

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I Stephen Rosenzweig, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).


(Signature)

1/26/2007
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

January 30, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0011

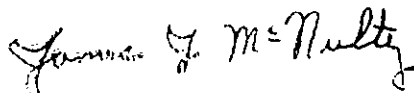
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by STEPHEN ROSENZWEIG.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
JAN 30 2007

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 JAN 29 AM 8:54
SECRETARY'S BUREAU

Please print or type.

R-00061931@0012

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Dawn Reid Eshleman

Street/P.O. Box 267 Rochelle Ave Apt # 2nd Floor

City Phila State PA Zip 19123

County Philadelphia

Area Code/HOME Phone 267-252-9007

Area Code/WORK Phone _____

Utility Account Number 05430456622
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Phila Gas Works (PGW)

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

DOCKETED
JAN 30 2007

DOCUMENT 4
FOLDER

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

My first P&W bill at my new address was a 66 day billing cycle. This is unacceptable. Fortunately I can afford to pay the bill. I can not support a rate increase for a company that can not be responsible enough to its customers, have the courtesy to supply a bill w/ a 30 day billing cycle.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I want the PUC to decline the proposed rate increase. Enforce an efficient billing system.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

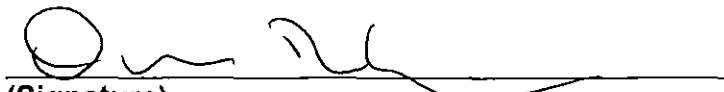
If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I DAWN R. ESHLEMAN, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).


(Signature)

1.23.07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.



DAWN REID FSHLEMAN
 267 ROCHELLE AVE, 2F
 PHILA PA 19128-3813

Page: 2 of 2
 Billing Date: 01/17/07
 Account Number: 0548456622

Account Summary

Previous Balance	Payments Received	Balance Brought Forward	Repairs and Adjustments	Current Charges	Account Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$164.84	\$164.84

Current Basic Charges

SA ID# 6511616914, 267 ROCHELLE AVE, 2F
 Rate Class: General Ser Residential Tax

Supply Charges

Commodity Charge 19.09 Ccf @ \$1.16786	\$22.30
Total Supply Charges	\$22.30
Delivery Charges	
Customer Charge @ \$12.00	\$6.55
Distribution Charge 19.09 Ccf @ \$0.70294	\$13.42
Gas Cost Adjustment @ -\$0.04228 for 18 Days	\$0.81 CR
Weather Normalization Adjustment	\$1.51
Total Delivery Charges	\$20.67
Supply Charges	
Commodity Charge 1.06 Ccf @ \$1.16786	\$1.24
Commodity Charge 49.85 Ccf @ \$1.08207	\$53.94
Total Supply Charges	\$55.18
Delivery Charges	
Customer Charge @ \$12.00	\$17.45
Distribution Charge 1.06 Ccf @ \$0.70294	\$0.75
Distribution Charge 49.85 Ccf @ \$0.6674	\$33.27
Gas Cost Adjustment @ -\$0.04228 for 1 Days	\$0.04 CR
Gas Cost Adjustment @ \$0.00912 for 47 Days	\$0.45
Weather Normalization Adjustment	\$4.03
Total Delivery Charges	\$55.91
Pa Sales Tax 7% of \$154.06	\$10.78
Total Current Billing Charges	\$164.84

Meter Detail

Meter #: 1365220

Service Point: 9810370670

Next Meter Read: Feb 13, 2007

From			To			Difference	Usage (Ccf)	Conversion Factor	Total Therms
Date	Reading	Type	Date	Reading	Type				
11/11/2006	5	Initial	01/16/2007	75	Actual	70	70.00	1.036	72.52

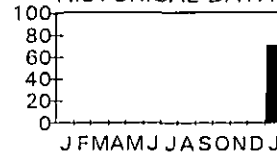
Energy Usage Information

SA ID# 6511616914, 267 ROCHELLE AVE, 2F

COMPARATIVE GAS USAGE THIS MONTH

	This Year	Last Year
Avg Daily Usage (Ccf)	1.0	0.0
Billing Days	66	0
Avg Daily Cost	\$2.50	\$0.00

HISTORICAL DATA



LAST 12 MONTHS

Total Ccf 70.00
 Avg Ccf 5.83

■ Actual
 ▨ Estimated

Message Center

Beware of imposters posing as PGW employees -- Ask for identification.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

January 30, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0012

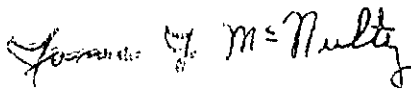
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DAWN REID ESHLEMAN.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
JAN 30 2007

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0013

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name BARBARA CALESE

Street/P.O. Box 363 W. SALAIGNAC ST. Apt #

City PHILADELPHIA State PA Zip 19128-5123

County PHILADELPHIA

Area Code/HOME Phone 215-508-7584

Area Code/WORK Phone 215-239-3142

Utility Account Number 0224579677 (from your bill)

ORIGINAL

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILADELPHIA GAS WORKS

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

RECEIVED 2007 JAN 26 AM 9:19 SECRETARY'S BUREAU

DOCKETED JAN 30 2007

DOCUMENT FOLDER

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

NATURAL
WHEN GAS PRICES ARE DROPPING, I CAN'T SEE
WHY CUSTOMERS SHOULD PAY AN INCREASE. ALSO,
REGULARLY-PAYING CUSTOMERS SHOULDN'T
FOOT THE BILL FOR THOSE CUSTOMERS WHO
DON'T PAY THEIR BILLS.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

DENY A RATE INCREASE TO PHILADELPHIA
GAS WORKS.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I BARBARA CICALESSE, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Barbara Cicalesse
(Signature)

1-23-07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

January 30, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0013

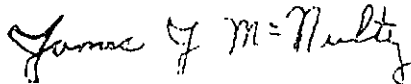
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by BARBARA CICALESE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

**DOCUMENT
FOLDER**

DOCKETED
JAN 30 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 JAN 26 AM 9:19
SECRETARY'S BUREAU

Please print or type.

R-00061931CO014

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name HOWARD AND DIANE WOODS

Street/P.O. Box 3306 LANSING ST Apt # —

City PHILA State PA Zip 19136

County PHILA

Area Code/HOME Phone 215-332-9887

Area Code/WORK Phone _____

Utility Account Number 811 3342536
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P. G. W.

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

DOCUMENT
FOLDER

DOCKETED
JAN 30 2007

2

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

I think P.A.W. is overcharging us for gas, we haven't used our gas that much, because the weather has been nice, but yet we received a large gas bill.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I want the PUC to lower our gas rates not increase the gas bill. We are opposing the rate increase. I want the PUC to stop this from going through.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I Neane Woods, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Neane Woods (Signature) 2/24/07 (Date)

9. **LEGAL REPRESENTATION (IF ANY)**

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. **FILING**

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

January 30, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0014

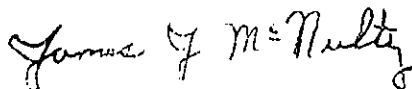
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by HOWARD AND DIANE WOODS.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
JAN 30 2007

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 JAN 25 AM 8:49
SECRETARY'S BUREAU

Please print or type.

R-00061931C0015

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name DEWDIS L. PHARO JR.

Street/P.O. Box 3044 MAGEE AVE. Apt # _____

City PHILA. State PA Zip 19149

County PHILA.

Area Code/HOME Phone 215-624-5680

Area Code/WORK Phone _____

Utility Account Number 5113808162
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILA. GAS WORKS

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

DOCUMENT
FOLDER

DOCKETED
JAN 30 2007

10

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

PBW TELLING US THAT THEY NEED TO RAISE OUR RATES BECAUSE THERE BIG WIGS DON'T KNOW how to budget the money. BUT IN THE MEANTIME they MAKE 6 DIGITS FOR THERE PAY? THEY TAKE CARE OF THEMSELVES!

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

CUT OFF AND LEAVE OFF THE GAS OF NONPAYING CUSTOMERS! I'M SICK AND TIRED OF PAYING FOR THE PEOPLE WHO REFUSE TO PAY THERE BILL. THIS HAPPENS EVERY YEAR AT THIS TIME! SHUT THEM DOWN! THE STATE NEEDS TO TAKE OVER THE UTILITY, FIRE EVERYONE INCHARGE AND GET THIS PROBLEM FIXED!

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why. TELL ME IT'S NECESSARY?

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I DENNIS L. PHARO JR. hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Dennis L Pharo Jr.
(Signature)

1-23-07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

January 30, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0015

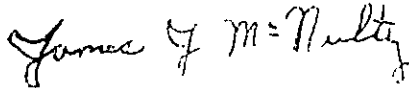
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DENNIS L PHARO JR.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
JAN 30 2007

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0016

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name CYNTHIA BULLOCK

Street/P.O. Box 6320 CHEW AVE. Apt # 36-A

City Phila State PA Zip 19138

County PHILA

Area Code/HOME Phone 215-276-1094

Area Code/WORK Phone NONE

Utility Account Number 2113656122 (from your bill)

ORIGINAL

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P.G.W. Phila Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE (local, long distance)

DOCUMENT FOLDER

DOCKETED JAN 30 2007

RECEIVED 2007 JAN 26 AM 9:19 SECRETARY'S OFFICE

3

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

- 1) P.G.W. IS AN MONOPOLY
- 2) THEY NEED TO CLEAN THEIR OWN HOUSE, CEO'S, BAD MANAGEMENT
- 3) STOP RIPPING OFF THE PUBLIC, ESPECIALLY THE POOR + DISABLED
- 5) THEY (PGW) KNOW THEY CAN ALWAYS GET MONEY FROM THE PUBLIC.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

- 1) I JUST ASK YOU DO YOUR JOB + MONITOR PGW. ABOUT THEIR PROBLEMS
- (2) I ASK THAT YOU LOOK AT THEM INTERNALLY, AND FORCE THEM (PGW); TO CLEAN UP THEIR COMPANY AND STOP GOUGING THE PUBLIC
- (3) I THINK IT'S TIME TO BREAK UP PGW.'S MONOPOLY AND FORCE THEM TO MERGE WITH ANOTHER COMPANY.
- (4) GET OUR POLITICAL BODY INVOLVED.
- (5) I AM DISABLED AND ON A FIXED INCOME. I COUNT MY PENNIES, BUT THERE AREN'T ANY PENNIES LEFT TO COUNT.
- 6) I BELIEVE THIS PROPOSED INCREASE IS WAY OVER THE TOP. IT'S JUST TOO

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: CYNTHIA BULLOCK, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Cynthia Bullock
(Signature) 1/24/07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

January 30, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

KUP

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0016

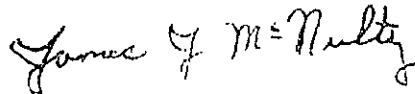
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by CYNTHIA BULLOCK.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCUMENT
FOLDER

DOCKETED
JAN 30 2007

Formal Complaint Form

Please print or type.

R-00061931C0017

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Onyeka Iboabachie

Street/P.O. Box 7900 Lindbergh Blvd Apt # 3905

City Philadelphia State PA Zip 19153

County Philadelphia

Area Code/HOME Phone 215.492.5551

Area Code/WORK Phone

Utility Account Number (from your bill) 0955231845

RECEIVED 2007 JAN 22 AM 8:39 SECRETARY'S BUREAU

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER (taxi, moving company, limousine)

RECEIVED 2007 FEB - 1 AM 8:49 SECRETARY'S BUREAU

12

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

I live in a 1 bedroom apartment which uses gas for heating and cooking. I am barely making ends meet now. An increase in gas prices will force me to have to move elsewhere.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

DO NOT RAISE THE RATES!

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES
NO N/A

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations) N/A
NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: Onyeka Iloabachie, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

[Signature] 1/29/07
(Signature) (Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 2, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0017

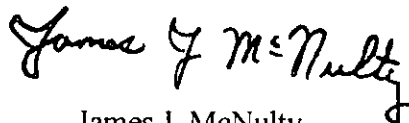
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by ONYEKA ILOABACHIE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

DOCUMENT
FOLDER

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 01 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

Please print or type. R-000619 BHC0018

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name AURORA R. VESCIO

Street/P.O. Box 101 HICKORY HILL Rd. Apt #

City PHILA. State PA. Zip 19154

County PHILA.

Area Code/HOME Phone 215-637-6319

Area Code/WORK Phone

Utility Account Number 0325263682 (from your bill)

RECEIVED 2017 JAN 31 AM 8:37 SECRETARIAT'S BUREAU

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

RECEIVED 2017 FEB -1 AM 8:49 SECRETARIAT'S BUREAU

12

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I'd like you to consider my request, because I understand that we in Pkita pay the highest rates. And that is not fair.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I AURORA R. VESCIO, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Aurora R. Veschio 1-24-07
(Signature) (Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 2, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0018

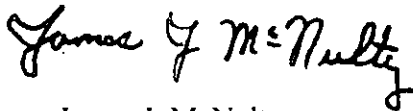
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by AURORA VESCIO.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

DOCUMENT
FOLDER

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 01 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

R-00061931C0019

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name CONSTANCE BROOKS

Street/P.O. Box 7705 FAYETTE STREET Apt # _____

City Phila. State PA Zip 19150

County Philadelphia

Area Code/HOME Phone 215-424-8151

Area Code/WORK Phone 610-649-5306

Utility Account Number 4119011831
(from your bill)

RECEIVED
2007 JAN 30 AM 8:39
SECRETARY'S BUREAU

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

Name _____

Street/P.O. Box N/A

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

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2007 FEB -1 AM 8:49
SECRETARY'S BUREAU

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

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4. **COMPLAINT** (check)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other. *Ridiculously high bills*
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

I LIVE IN AN AVERAGE SIZE Row home in MH. Airy, I HAVE AN AUTOMATIC THERMOSTAT THAT SHUTS DOWN TO 65° at 7:30am and comes back on at 4:45p.m to 70-72° until 10:00pm and again shuts down to 68° degrees thru the night. The month of Dec. WAS VERY MILD. My bill in the coldest months last year never reached \$254.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I would like the PUC to please explain to consumers why their bills are still increasing while the overall cost of gas has decreased. The padded bills consist of charges that are repetitions and bogus. How is the general public expected to pay these bills and still pay every other bill in order to maintain a decent standard of living. The gas bills in Phila. are higher than our surrounding counties. Please don't insult my intelligence by saying that it costs more to heat in Phila.

I absolutely, totally oppose ANOTHER RATE INCREASE. Also, the WEATHER Normalization rate is totally unfair. It is just ANOTHER way of getting a rate increase without involving (over)

The public hearings. PGW should not purchase gas ahead and if not used, pass the cost on to the already overburdened consumer. Why not just stockpile the gas and keep less next year and give the Public some relief.

NO MORE GAS INCREASES

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why. *I WAS told that "it's just the way it is."*

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I CONSTANCE BROOKS, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Constance Brooks
(Signature)

1/23/07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 2, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0019

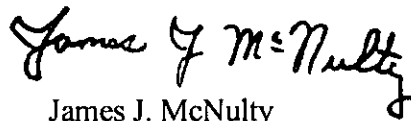
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by CONSTANCE BROOKS.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 01 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

Please print or type.

R-00061931C0020

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name CATHERINE NATICCHIONE

Street/P.O. Box 103 Hickory Hill Rd Apt #

City Phila State PA Zip 19154

County

Area Code/HOME Phone 215-637-0717

Area Code/WORK Phone

Utility Account Number 1111 655538 (from your bill)

RECEIVED 2007 JAN 30 AM 8:45 SECRETARY'S BUREAU

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P.G.W

3. TYPE OF UTILITY (check one)

- ELECTRIC, GAS, WATER, TELEPHONE, STEAM HEAT, WASTE WATER, MOTOR CARRIER (taxi, moving company, limousine)

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Handwritten mark

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

*I'm a 70 yr old widow on a fixed income
I think you need to stop and think
about how hard it is to pay this gas
bill.
I think we already pay the highest gas
rates.*

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I CATHERINE NATICCHIONE, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Catherine Naticchione
(Signature)

1-30-07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 2, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0020


Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by CATHERINE NATICCHIONE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,


James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

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DOCKETED
FEB 01 2007

R-000619310021

Formal Complaint Form
Pennsylvania Public Utility Commission

ORIGINAL

Please Print: (you may also type your answers directly onto the form as it appears on your screen)

1. Your name, mailing address and telephone number:

Name BRIAN LOVE

Street/P.O.Box 3848 Terrace St. Apt # 2

City Philadelphia State PA Zip 19128

County Philadelphia Area Code/Home Phone 215-820-2850
Area Code/Work Phone _____

2. Name of company your complaint concerns: Philadelphia Gas Works

3. What is your complaint? (Use additional paper if need more space).

I would like to challenge the proposed rate increase. This company already is the most expensive service I pay for each month!

4. What do you want the Public Utility Commission to do about your complaint? (Use additional paper if need more space).

Re-examine and subsequently STOP the requested rate increase!

5. You must sign and date your complaint below.

The information I have placed on this form is true and correct to the best of my knowledge. I understand that I could be punished under Pennsylvania State Law if I purposely give false information.

B Love
Signature

1/25/07
Date

Continued on next page

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2007 FEB - 1 AM 8:49
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10

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 2, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0021


Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by BRIAN LOVE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,


James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 01 2007

ORIGINAL

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0022

2007 JAN 23 AM 9:27
SECRETARY'S OFFICE

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name DIANE FINK

Street/P.O. Box 13470 TREVISE RD Apt # _____

City PHILA State PA Zip 19116

County _____

Area Code/HOME Phone 215-698-2180

Area Code/WORK Phone 215-683-7487

Utility Account Number 5122056395
(from your bill)

DOCUMENT FOLDER

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P.G.W.

2007 FEB -1 AM 8:48
RECEIVED
SECRETARY'S OFFICE

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

DOCKETED
FEB 02 2007

25
~~25~~

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

SEE ATTACHED COPIES

MY DECEMBER GAS BILL SHOULD HAVE AT LEAST BEEN THE SAME AMOUNT AS NOVEMBER

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

FORCE THE PHILA GAS WORKS TO CHARGE THEIR CUSTOMERS FOR ONLY THE GAS THE CUSTOMER USED AND STOP FORCING ME TO PAY FOR CUSTOMERS WHO DO NOT. I CANNOT AFFORD THESE BILLS. THIS IS AN OUTRAGE.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

IF YOU WANT TO CALL THEIR TELEPHONE TAKE A "REPRESENTATIVE"

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

DIANE CURRY FINK Diane Curry Fink

hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

(Signature)

Diane Curry Fink

(Date)

1-20-07

Diane Curry Fink 1-29-07



DIANE FINK
13470 TREVOSE RD
PHILADELPHIA PA 19116-1707

Number

Page: 2 of 3
Billing Date: 01/02/07
Account Number: 5122056395

Account Summary

Previous Balance	Payments Received	Balance Brought Forward	Repairs and Adjustments	Current Charges	Account Balance
\$107.66	\$107.66	\$0.00	\$0.00	\$284.75	\$284.75

Current Basic Charges

SA ID# 8663984198, 13470 TREVOSE RD
Rate Class: General Service Residential

Handwritten notes

51

Supply Charges

Commodity Charge 4.71 Ccf @ \$1.16786..... \$5.50
Total Supply Charges..... \$5.50

Delivery Charges

Customer Charge @ \$12.00..... \$0.39
Distribution Charge 4.71 Ccf @ \$0.70294..... \$3.31
Gas Cost Adjustment @ -\$0.04228 for 1 Days..... \$0.20 CR
Weather Normalization Adjustment..... \$0.49
Total Delivery Charges..... \$3.99

Supply Charges

Commodity Charge 4.71 Ccf @ \$1.16786..... \$5.50
Commodity Charge 136.58 Ccf @ \$1.08207..... \$147.79
Total Supply Charges..... \$153.29

Delivery Charges

Customer Charge @ \$12.00..... \$11.61
Distribution Charge 4.71 Ccf @ \$0.70294..... \$3.31
Distribution Charge 136.58 Ccf @ \$0.6674..... \$91.15
Gas Cost Adjustment @ -\$0.04228 for 1 Days..... \$0.20 CR
Gas Cost Adjustment @ \$0.00912 for 29 Days..... \$1.25
Weather Normalization Adjustment..... \$14.85

Total Delivery Charges..... \$121.97

Total Current Billing Charges..... \$284.75

COPY

Meter Detail

Meter #: 1941791

Service Point: 9972553899

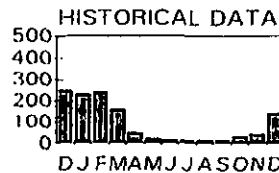
Next Meter Read: Jan 31, 2007

From			To			Difference	Usage (Ccf)	Conversion Factor	Total Therms
Date	Reading	Type	Date	Reading	Type				
11/28/2006	3079	Actual	12/29/2006	3225	Actual	146	146.00	1.031	150.52

Energy Usage Information

SA ID# 8663984198, 13470-TREVOSE RD
COMPARATIVE GAS USAGE THIS MONTH

	This Year	Last Year
Avg Daily Usage (Ccf)	5.0	8.0
Billing Days	31	31
Avg Daily Cost	\$9.19	\$15.75



LAST 12 MONTHS

Total Ccf 1038.00
Avg Ccf 86.50

Actual
Estimated

Month of December

2k

COPY OF E-MAIL SENT TO THE PUBLICATION "NE TIMES" 1-18-07

Diane Curry

From: "Diane Curry" <princessdi820@hotmail.com>
 To: <cyber6@abc.com>
 Sent: Wednesday, January 10, 2007 7:11 PM
 Subject: CONSUMER COMPLAINTS

I am in desperate need of some help in getting an intelligent response from the Philadelphia Gas Works. I own a single home in the Northeast section of the city.

I received a bill today for the month of December 2006, documenting, according to them, that I actually used 146 units which totals a whopping \$284.75

However,

the same Gas Works documents that in November 2006, I actually used only 51 units which totaled a more reasonable invoice of \$107.66

An idiot could see that temperature wise, there was hardly that extreme a difference between a very mild *November* and an extremely mild *December* 2006.

Which brings me to my desperate need of an answer, from a Utility Company full of idiots.

Explain to me please, how you warrant an almost 300% increase in a homeowners usage of gas in this month ?

Because at this rate, am I am certainly NOT an idiot, had December 2006 been say, 20 degrees all month, and had I actually NEEDED my heat last month, a 4 year old could determine that my bill for that period could have EASILY totaled nearly \$600 !!!!!!!!!!!!!!!!!!!!!!!

Who could pay this ? Who ELSE is paying this ? When is this going to end ? When is someone going to do something about this ? When are homeowners in Philadelphia going to have a choice ? Why am I being FORCED to deal with these people ? Why am I being robbed ?

Diane Curry *FINIK*
 princessdi820@hotmail.com
 215-683-7487

215698-2180

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 2, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0022

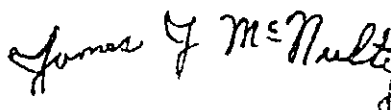
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DIANE FINK.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

DOCKETED
FEB 02 2007

KJR

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -2 AM 10:36
SECRETARY'S BUREAU

Please print or type.

R000619310023

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name MARIAN C GILBERT

Street/P.O. Box 8040 ROWLAND AVE Apt # APT C 251

City PHILA State PA Zip 19136

County _____

Area Code/HOME Phone 215-338-3347

Area Code/WORK Phone _____

Utility Account Number _____
(from your bill)

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

**DOCUMENT
FOLDER**

ORIGINAL

22

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I MARIAN C GILBERT, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Marian C Gilbert
(Signature)

1/17/07
(Date)

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0023

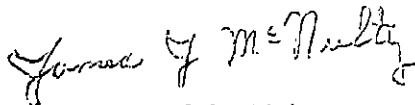
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by MARIAN C GILBERT.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

**DOCUMENT
FOLDER**

DOCKETED
FEB 06 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-000619310024

RECEIVED
2007 FEB -2 AM 12:36
SECRETARY'S BUREAU

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Mary Jane Baez

Street/P.O. Box 3064 W. Wascher St Apt # _____

City Philadelphia State PA Zip 19133

County _____

Area Code/HOME Phone _____

Area Code/WORK Phone _____

Utility Account Number _____
(from your bill)

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

DOCUMENT
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:
I Mary J Bier, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Mary J Bier
(Signature)

1/17/07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0024

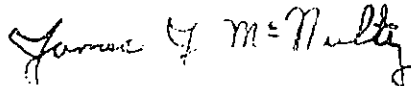
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by MARY JANE BAEZ.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
FEB 06 2007

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -2 AM 10:36
SECRETARY'S BUREAU

R-00061931C0025

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Matilda O'NEAL

Street/P.O. Box 1874 N. VANPE HST Apt # _____

City Phila State PA Zip 19121

County _____

Area Code/HOME Phone _____

Area Code/WORK Phone 215-787-2236

Utility Account Number _____
(from your bill)

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

**DOCUMENT
FOLDER**

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PCW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

ORIGINAL

24

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

*Do not give a Rate increase
and stop charging for future prices on the
same Bill.*

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES (includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: Matilda Neal, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Matilda Neal (Signature) 1-17-07 (Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0025

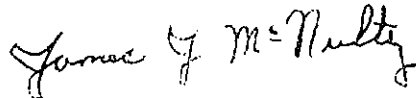
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by MATILDA O'NEAL.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCUMENT
FOLDER

DOCKETED
FEB 06 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -2 AM 10:36
SECRETARY'S BUREAU

Please print or type.

R-00061931C0026

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name John Couden

Street/P.O. Box 8635 JACKSON ST. Apt # 1

City PHILA. State PA Zip 19136

County PHILA

Area Code/HOME Phone 267-672-1839

Area Code/WORK Phone 215-787-2063

Utility Account Number _____
(from your bill)

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

**DOCUMENT
FOLDER**

ORIGINAL

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES
NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)
NO

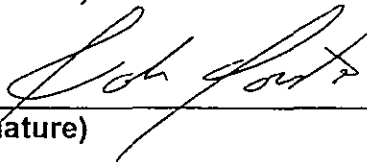
If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I John Loudon, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).


(Signature)

01-17-07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0026

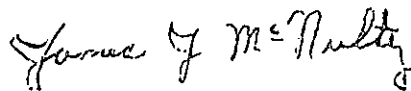
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by JOHN COUDEN.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
FEB 06 2007

**DOCUMENT
FOLDER**

RECEIVED
2007 FEB -2 PM 8:56
PENNSYLVANIA
SECRETARY'S BUREAU

Formal Complaint Form

R-0006193100027

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Kimberlee B. Johnson

Street/P.O. Box 1818 Widener Place Apt # _____

City Phila State PA Zip 19141

County Phila

Area Code/HOME Phone 215-214-5475 (W)

Area Code/WORK Phone 215-843-3189 (H)

Utility Account Number (from your bill) 0940043943

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER
(taxi, moving company, limousine)

ORIGINAL

11

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

I am on a fixed income as many people are and PGW HAS squandered money in the past and the debt that has never been recovered should not be passed on to the customer. Many folks don't pay and we all should not have to suffer; It has not been that cold this year.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Don't allow such a rate height. Our paychecks do not go up with everyone else's heights. The cost of living increases too much and the paychecks do not. I can't afford such an increase.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: Kimberlee B. Johnson, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Kimberlee B. Johnson (Signature) 1/30/07 (Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0027

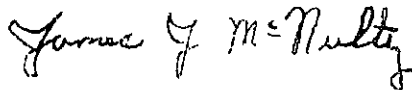
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by KIMBERLEE B JOHNSON.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
FEB 06 2007

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -2 AM 10:36
SECRETARY'S BUREAU

Please print or type.

R-00061931C0028

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Eileen MARCETT

Street/P.O. Box 9356 LANSFORD ST Apt # _____

City PHILA State PA Zip 19114

County PHILA

Area Code/HOME Phone 215 969 7095

Area Code/WORK Phone 215 787-2199

Utility Account Number _____
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILA GAS WORKS

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

DOCKETED

FEB 06 2007

21

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

PGW has and is robbing the
Public - This request is disturbing.
I oppose the proposed RATE increase

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Denied the increase this utility
company wants to propose.
enough IS enough

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Eileen March
(Signature)

1-17-06
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0028

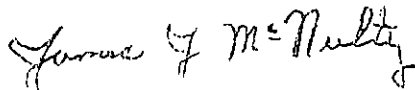
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by EILEEN MARCH.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

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DOCKETED
FEB 06 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

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2007 FEB -2 AM 10:36
SECRETARY'S BUREAU

Please print or type.

R-00061931C0029

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Leslie Arvelo & Anthony Arvelo

Street/P.O. Box 6570 Cottage St. Apt # _____

City Phila State PA Zip 19135

County _____

Area Code/HOME Phone 215 5439188

Area Code/WORK Phone _____

Utility Account Number 0128724442
(from your bill)

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

**DOCUMENT
FOLDER**

4 ORIGINAL

20

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I want PUC to put a hold on the rate increase. We had just got an increase. Cut down on higher level salaries and give us working class individuals a break. There are many people that can not afford to pay their bill now, imagine what is going to happen with this increase. It is unrealistic.
Hold it off for now.⁵

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I Leslie Arvelo, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Leslie B Arvelo
(Signature)

1/30/07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0029

Dear Sir/Madam:

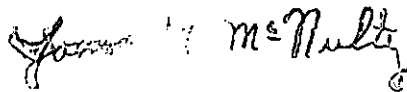
A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by LESLIE & ANTHONY ARVELO.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

DOCUMENT
FOLDER

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
FEB 06 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

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SECRETARY'S BUREAU

Please print or type.

R-0006193100030

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Nadine Jackson

Street/P.O. Box 2528 N 9th St Apt # —

City Philadelphia State PA Zip 19133

County Phila

Area Code/HOME Phone 215-226-6822

Area Code/WORK Phone 215-787-4380

Utility Account Number _____
(from your bill)

DOCUMENT FOLDER

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

DOCKETED
FEB 06 2007

4 ORIGINAL

19

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

In 2006 we had a rate increase. This rate increase for 2007 is unfair. (9.3%) I don't get a 9.3% rate increase at work. I am single and live alone. This is ridiculous to have an increase when we just had one. Philadelphia used to be a nice affordable place to live, but it's not any more. Between this and the violence there has to be a better place to reside in.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: 1 Nadine Jackson, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Nadine Jackson
(Signature)

1/18/07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0030

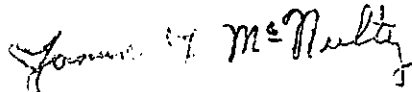
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by NADINE JACKSON.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCUMENT
FOLDER

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FEB 06 2007

DOCUMENT FOLDER

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061931C0031

RECEIVED
2007 FEB -2 AM 10:36
SECRETARY'S BUREAU

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Darlene Brown

Street/P.O. Box 5318 Locust Street Apt # —

City Phila State PA Zip 19139

County _____

Area Code/HOME Phone 215-472-6503

Area Code/WORK Phone _____

Utility Account Number 4116690880
(from your bill)

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER
(taxi, moving company, limousine)

18

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

handle them!

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES
NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)
NO

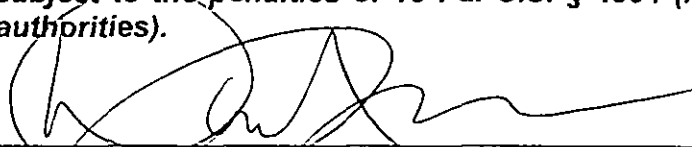
If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).



(Signature)

1-31-07

(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0031

Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DARLENE BROWN.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

DDI

DOCKETED
FEB 06 2007

Formal Complaint Form

Please print or type.

R-00061931C0032

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name George M. Sterthous

Street/P.O. Box 138 Hickory Hill Rd Apt #

City Phila. State PA Zip 19154-4306

County Phila.

Area Code/HOME Phone 215-637-8199

Area Code/WORK Phone

Utility Account Number 4111655839 (from your bill)

DOCKETED FEB 06 2007

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

Name

Street/P.O. Box

City State Zip

ORIGINAL

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Phila. Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER

(taxi, moving company, limousine)

RECEIVED 2007 FEB -2 4:11 8:52 SECRETARY'S BUREAU

Handwritten mark

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

*I am retired and on a fixed income. (Social Security)
Since I receive only a cost of living increase yearly,
I strongly object to the amount of increase in my
monthly bill that is proposed!*

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

*Deny, or at least limit the increase to annual
inflation figures!*

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I George M. Sterthous, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

George M. Sterthous
(Signature)

1-29-07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

February 6, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET 9TH FL PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0032

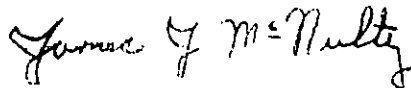
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by GEORGE M STERTHOUS.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

DDI

**DOCUMENT
FOLDER**

DOCKETED
FEB 06 2007



McNees Wallace & Nurick LLC
attorneys at law

ORIGINAL

CHARIS MINCAVAGE
DIRECT DIAL: (717) 237-5437
E-MAIL ADDRESS: CMINCAVAGE@MWN.COM

February 5, 2007

James J. McNulty, Secretary
Pennsylvania Public Utility Commission
The Commonwealth Keystone Building
400 North Street, 2nd Floor
Harrisburg, PA 17120

VIA HAND DELIVERY

Re: Philadelphia Industrial and Commercial Gas Users Group v. Philadelphia Gas Works; Docket No. R-00061931 C0033

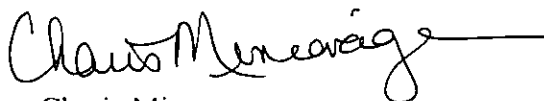
Dear Secretary McNulty:

Enclosed for filing with the Commission are the original and three (3) copies of the Complaint of the Philadelphia Industrial and Commercial Gas Users Group ("PICGUG") in the above-referenced proceeding.

As shown by the attached Certificate of Service, all parties to this proceeding are being duly served. Please date stamp the extra copy of this transmittal letter and kindly return it for our filing purposes. Thank you.

Very truly yours,

MCNEES WALLACE & NURICK LLC

By 
Charis Mincavage

Counsel to the Philadelphia Industrial and Commercial Gas Users Group

RECEIVED
2007 FEB -5 PM 3:46
PA PUC
SECRETARY'S BUREAU

Enclosures
CM/lhi

c: Chief Administrative Law Judge Veronica Smith (via Hand Delivery)
Certificate of Service

DOCKETED
FEB 07 2007

**DOCUMENT
FOLDER**

71

CERTIFICATE OF SERVICE

I hereby certify that I am this day serving a true copy of the foregoing document upon the participants listed below in accordance with the requirements of Section 1.54 (relating to service by a participant).

VIA FIRST CLASS MAIL

Tanya McCloskey, Esq.
Office of Consumer Advocate
Forum Place Bldg. - 5th Fl.
555 Walnut Street
Harrisburg, PA 17120

Steven C. Gray, Esq.
Office of Small Business Advocate
Suite 1102, Commerce Building
300 North Second Street
Harrisburg, PA 17101

Johnnie Simms, Esq.
Office of Trial Staff
Pennsylvania Public Utility Commission
The Commonwealth Keystone Building
400 North Street, 2nd Floor
Harrisburg, PA 17120

Philip A. Bertocci, Esq.
Thu B. Tran, Esq.
Community Legal Services, Inc.
1424 Chestnut Street, 3rd Floor
Philadelphia, PA 19102

Greg Stunder, Esq.
Philadelphia Gas Works
800 W. Montgomery Avenue.
Philadelphia, PA 19122

Daniel Clearfield, Esq.
Wolf, Block, Schorr & Solis-Cohen, LLP
213 Market Street, 9th Floor
P.O. Box 865
Harrisburg, PA 17108-0865


Charis Mincavage

Dated this 5th day of February, 2007, in Harrisburg, Pennsylvania.

ORIGINAL

RECEIVED
2007 FEB -5 PM 3:46
PA P.U.C.
SECRETARY'S BUREAU

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PHILADELPHIA INDUSTRIAL AND
COMMERCIAL GAS USERS GROUP

v.

PHILADELPHIA GAS WORKS

:
:
:
:
:
:

DOCKET NO. R-00061931 C0033

COMPLAINT

TO THE HONORABLE, THE PENNSYLVANIA PUBLIC UTILITY COMMISSION:

1. The Complainants are Philadelphia Industrial and Commercial Gas Users Group ("PICGUG"). Members of PICGUG are listed in Appendix "A" attached hereto. PICGUG will update Appendix A throughout the course of this proceeding, as necessary.

2. The names and address of the Complainants' attorneys are:

David M. Kleppinger
Charis Mincavage
McNEES WALLACE & NURICK LLC
100 Pine Street
P. O. Box 1166
Harrisburg, PA 17108-1166
Phone: (717) 232-8000
Fax: (717) 237-5300

DOCKETED
FEB 07 2007

3. The Respondent utility is:

Philadelphia Gas Works
800 West Montgomery Avenue
Philadelphia, PA 19122

**DOCUMENT
FOLDER**

4. This Complaint is directed against the rates, terms, and provisions contained in Respondent's Supplement No. 16 to Tariff Gas-Pa. P.U.C. No. 2, proposed to become effective on February 20, 2007. On December 22, 2006, Philadelphia Gas Works ("PGW" or "Company") filed Supplement No. 16, which requests a general rate increase of approximately \$100 million

over its present annual revenues. The Company notes that the principal factor for its requested rate relief is in order to address PGW's financial concerns.

5. PICGUG is an ad hoc association of large volume customers receiving natural gas utility service from PGW. PICGUG members require substantial volumes of natural gas in their operations and the proposed rate increase may have an adverse impact upon their production processes. Therefore, PICGUG members have an interest in this proceeding not represented by any other party of record.

6. Complainants allege that the information and data filed in support of the proposed rates and tariff revisions in PGW's Supplement No. 16 to Tariff Gas-Pa. P.U.C. No. 2 are insufficient to establish that the rates are just, reasonable and nondiscriminatory, as required by Sections 1301 and 1304 of the Public Utility Code, 66 Pa.C.S. §§1301 and 1304.

7. PICGUG's preliminary review of the Company's filing indicates the need for Commission investigation into at least the following issues:

- (a) the justness and reasonableness of the proposed base rate increase;
- (b) whether the proposed base rate increase will ensure nondiscriminatory treatment of PGW's customer classes;
- (c) the appropriate ratemaking methodology to be used to determine base rates;
- (d) the appropriate allocation of the proposed base rate increase among and within PGW's rate schedules;
- (e) rate design and rate structure;
- (f) the accuracy and legitimacy of the Cost of Service Study allocation;
- (g) the appropriate cost of service allocation for interruptible transportation customers as required by the Company's Restructuring Proceeding; and

- (h) the appropriate allocation of the Company's low-income program costs, as required by the Company's Restructuring Proceeding.

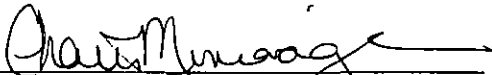
PICGUG reserves the right to raise and address other issues during the course of the proceeding.

- 8. The relief sought by this Complaint is that the Commission:
 - (a) entertain this Complaint and allow Complainants to participate in this proceeding with full party status;
 - (b) institute an investigation into the rates, rules, and provisions contained in Supplement No. 16 to Tariff Gas-Pa. P.U.C. No. 2;
 - (c) consolidate PICGUG's Complaint with its investigation into the reasonableness and lawfulness of the proposed rates, terms, and provisions in PGW's rate filing and allow Complainants to participate fully in the proceeding; and
 - (d) require PGW to adduce at hearings evidence justifying its proposed rate increase and tariff revisions, and PICGUG be accorded full opportunity to cross-examine the Company's witnesses, present evidence and offer arguments on its own behalf.

WHEREFORE, the Philadelphia Industrial and Commercial Gas Users Group requests that Philadelphia Gas Works be required to answer this Complaint and that upon a final hearing, the Commission will make such order as it deems necessary.

Respectfully submitted,

McNEES WALLACE & NURICK LLC

By 

David M. Kleppinger (Pa. I.D. No. 32091)

Charis Mincavage (Pa. I.D. No. 82039)

100 Pine Street

P. O. Box 1166

Harrisburg, PA 17108-1166

Phone: (717) 232-8000

Fax: (717) 237-5300

Counsel to Philadelphia Industrial and
Commercial Gas Users Group

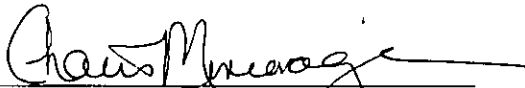
Dated: February 5, 2007

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2007 FEB -5 PM 3:46
PENNSYLVANIA
SECRETARY'S BUREAU

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA)
) ss:
COUNTY OF DAUPHIN)

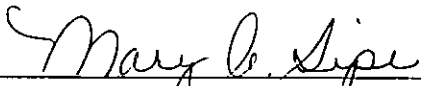
Charis Mincavage, being duly sworn according to law, deposes and says that she is Counsel to Philadelphia Industrial and Commercial Gas Users Group and, that in this capacity she is authorized to and does make this affidavit for them, and that the facts set forth in the foregoing Complaint are true and correct to the best of her knowledge, information and belief.


Charis Mincavage

SWORN TO and subscribed

before me this 5th day

of February, 2007.


Notary Public

NOTARIAL SEAL
MARY A SIPE
Notary Public
CITY OF HARRISBURG, DAUPHIN COUNTY
My Commission Expires Mar 19, 2009

(SEAL)

APPENDIX "A"

MEMBERS OF
PHILADELPHIA INDUSTRIAL AND COMMERCIAL GAS USERS GROUP

Building Owners' and Managers'
Association of Philadelphia

Temple University

Thomas Jefferson University/
Jefferson Health System

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2007 FEB -5 PM 3:46

PA FILE
SECRETARY'S BUREAU

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
FEB 07 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0033

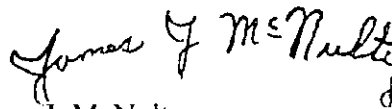
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by PHILADELPHIA INDUSTRIAL & COMMERCIAL GAS USERS GROUP ("PICGUG").

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

Formal Complaint Form

2007 FEB -5 AM 8:49

Please print or type.

R-00061931C0034

SECRETARY'S BUREAU

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name BESSIE W. JOHNSON

Street/P.O. Box 3526 N. 21ST STREET Apt # _____

City PHILADELPHIA State PA. Zip 19140

County PHILA. COUNTY

Area Code/HOME Phone (215) 225 3160

Area Code/WORK Phone _____

Utility Account Number 2122180208
(from your bill)

DOCUMENT FOLDER

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P G W

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

ORIGINAL

DOCKETED
FEB 06 2007

23

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

My complaint is about the gas co. increase
I am a widow and I am having a hard time paying
my bill as it stand now. In the winter it take
just about all of my social security check.
I have electue, water, Telephone, Food, Doctor
medication. you do not seem to care about the
Other Bills that have to be paid.
My thermostat is set at 68° go down to 4° at Bed time
at these tempature I am not really ~~to~~ not warm
enough. hope this⁵ will mean something to the
Gas Co. Thank you from Bessie Johnson

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I BESSIE W. JOHNSON, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Bessie W. Johnson
(Signature)

FEB. 1, 2007
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0034

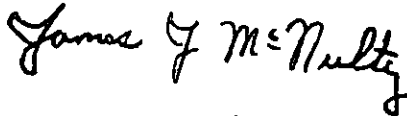
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by BESSIE JOHNSON.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 08 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

DOCUMENT FOLDER

Please print or type.

R-00061931C003

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name JOSEPHINE PIERRE

Street/P.O. Box 708A SOUTH COLORADO ST Apt#

City PHILADELPHIA State PA Zip 19146-1930

County

Area Code/HOME Phone 215-732-5973

Area Code/WORK Phone

Utility Account Number (from your bill)

DOCKETED FEB 06 2007

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILADELPHIA GAS WORKS

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE (local, long distance)

ORIGINAL

RECEIVED 2007 FEB -2 AM 8:45 SECRETARY'S BUREAU

H

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I JOSEPHINE PIERRE, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Josephine Pierre
(Signature)

01-29-07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0035

Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by JOSEPHINE PIERRE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 08 2007

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

The Delivery Charges are already almost as much as the Gas Charge.

DECEMBER	Gas usage	141.75
" "	Delivery Charge	125.38

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Do Not Grant a Rate increase for Delivery Charges.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: Richard A. Perugini, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Richard A. Perugini
(Signature)

2-1-2007
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name N/A.

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

**DOCUMENT
FOLDER**

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0036

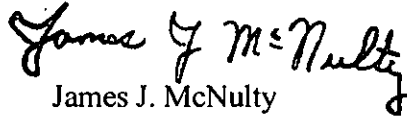
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by RICHARD PERUGINI.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,


James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 08 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061931C0037

RECEIVED
2007 FEB -5 AM 9:01
SECRETARY'S BUREAU

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name KENNETH MILGROM

Street/P.O. Box 10840 HARROW ROAD Apt # _____

City PHILADELPHIA State PA Zip 19154

County PHILADELPHIA

Area Code/HOME Phone 215-637-5810

Area Code/WORK Phone _____

Utility Account Number 8113417322
(from your bill)

DOCKETED
FEB 06 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILADELPHIA GAS WORKS

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

ORIGINAL

**DOCUMENT
FOLDER**

42

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

WE CAN'T AFFORD ALL THESE RATE INCREASES ON A FIXED INCOME. IT HAS TO STOP NOW!!! EVERY USER SHOULD PAY SOMETHING TO HELP OUT AND NOT RELY ON THE PAYING CUSTOMER ONLY.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

TO TRY TO STOP ANOTHER INCREASE.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I KENNETH MILGROM, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Kenneth Milgrom 2-03-07
(Signature) (Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0037

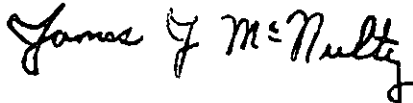
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by KENNETH MILGROM.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 08 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -5 AM 8:43
SECRETARY'S BUREAU

R-00061931 C0038

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Mr & Mrs. Antonio Russo

Street/P.O. Box 806 PIERCE ST. Apt # _____

City Philadelphia State PA Zip 19148

County Philadelphia

Area Code/HOME Phone 215-551-8198

Area Code/WORK Phone 215-686-3805

Utility Account Number _____
(from your bill)

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW in Philadelphia

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

DOCUMENT FOLDER

30000000

40

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

*I make 20,000.00 yr.
I have a family of six and
can't afford it on a measly salary
and a husband on disability. We*

5. RELIEF

*don't take handouts like some people.
all children attending Catholic private schools and college*

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

*If you want rate increases
then poor and middle class salaries
should be raised as well in order to
help us meet our ends. Rich people
can always do that. These two
classes are the ones that always
struggle. What kind of government
do we live in! / with no control!*

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

Because some of us have to work and don't have the time to stay on the phone if you even get a rep on the phone.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: 1 Maria Luisa Russo, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Maria Luisa Russo
(Signature)

1-29-07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name IF NEEDED Richard Spay, Esq.

Street _____

City Shila State PA Zip 19105

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0038

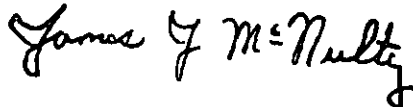
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by ANTONIO & MARIA RUSSO.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 08 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

REC-11

Formal Complaint Form

2007 FEB -5 AM 8:39

Please print or type.

R-00061931C0039

SECRETARY'S BUREAU

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Jerrilyn P. Smith-Bey

Street/P.O. Box 603 E. Mt. Airy Ave Apt # _____

City Philadelphia State PA Zip 19119

County Philadelphia

Area Code/HOME Phone 215-242-0408

Area Code/WORK Phone 215-235-9600, ext. 317

Utility Account Number 0657772520
(from your bill)

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

Name N/A

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

15

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

A rate increase is not acceptable. The charges we are currently paying is already exorbitant + is created a hardship for the residents in this city. Residents can barely pay their gas bills now. How do you expect them to handle yet another increase. You must provide us a statement as to how you are paying your bills (PGW) i.e., how money is being use.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I would like to know + be shown proof of why yet another increase is needed.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES
NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)
NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I Terrilyn P. Smith-Bey, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

(Signature) Terrilyn P. Smith-Bey (Date) February 1, 2007

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0039

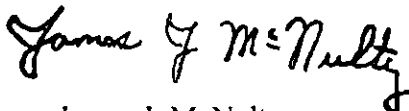
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by JERRILYN SMITH-BEY.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 08 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -7 AM 8:52
SECRETARY'S BUREAU

Please print or type.

R-0006193100040

ORIGINAL

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name David R. Bigelow

Street/P.O. Box 515 Selma st. Apt # _____

City Philadelphia State Pa. Zip 19116

County Philadelphia.

Area Code/HOME Phone 215-745-5780

Area Code/WORK Phone 215-613-6312

Utility Account Number 0223320546
(from your bill)

DOCKETED
FEB 08 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

DOCUMENT
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

14

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

PG&W states that it ~~wishes~~ proposes and has requested an annual rate increase of 100 Million dollars for distribution service, and PG&W proposes to raise my total monthly bill by approximately 9.3 percent.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I request that the PUC not allow this increase and that it advise Philadelphia Gas Works to increase its collection efforts against non paying customers and that it should be more aggressive with service termination for ~~delinquent~~ habitually delinquent customers.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

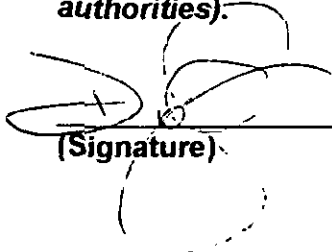
NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I David Bigelow hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).


(Signature)

02/02/2007
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
FEB 08 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0040

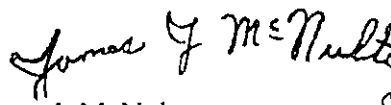
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DAVID R. BIGELOW.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

**DOCUMENT
FOLDER**

jih

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

Please print or type.

R-0006193100041

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name KEVIN INGRAM

Street/P.O. Box 134 HICKORY HILL RD Apt #

City PHILADELPHIA State PA Zip 19154-4306

County

Area Code/HOME Phone (215) 632-5224

Area Code/WORK Phone

Utility Account Number #2111655813 (from your bill)

DOCUMENT FOLDER

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

Name

DOCKETED FEB 08 2007

Street/P.O. Box

City State Zip

RECEIVED 2007 FEB -7 AM 8:54 SECRETARY'S BUREAU

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE (local, long distance)

15

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

PGW INSISTS ON RAISING RATES, EVEN WHEN OTHER GAS COMPANIES HAVE CUT RATES BY UP TO 20%. DEMAND IS DOWN DUE TO A WARM WINTER. COMPANY IS GROSSLY MISMANAGED! CANNOT USE MY OVEN OR STOVE, MUST KEEP THERMOSTAT SET LOW, USE SPACE HEATERS

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

DENY RATE INCREASE FOR PGW!
DEMAND ACCOUNTABILITY OF PGW!
PROVIDE MONITORING OF A POOR MANAGED COMPANY!

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I KEVIN INGRAM, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).


(Signature)

2-1-07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
FEB 08 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0041

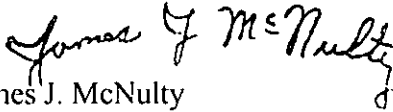
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by KEVIN INGRAM.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,


James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -7 AM 9:07
SECRETARY'S BUREAU
ORIGINAL

Please print or type.

R-00061931 C0042

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name John Darby

Street/P.O. Box 4519 Pearson Avenue Apt # _____

City Phila State PA Zip 19114

County Phila

Area Code/HOME Phone _____

Area Code/WORK Phone _____

Utility Account Number 411534248
(from your bill)

DOCKETED
FEB 08 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

DOCUMENT
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

16

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

Despite my personal efforts (i.e. installing a more efficient heater; lowering thermostats) my gas bills remain at an unacceptably high level! Why am I not seeing a rate reduction — given my having paid what is nothing less than exorbitant prices on time for literally years (while others skate free). Where is my "good customer credit"?

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I expect the PUC to intercede, provide oversight and monitor PG&E to avoid continued waste, corruption and unfair burdening of their loyal paying customers/users. Until such time as PG&E can demonstrate publicly that they have taken steps equal to what this customer has done to address rising gas costs, any proposed rate increase (especially with recent mild temperature trends) is ludicrous! The PUC can not allow that to happen.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

N/A

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I John Darby, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

John Darby
(Signature)

2-3-07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
FEB 08 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0042

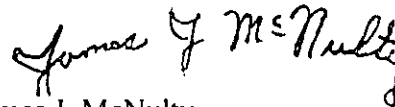
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by JOHN DARBY.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

Please print or type.

R-00061931C0043

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Fadi Al Did
Aldib Fadi

DOCKETED
FEB 08 2007

Street/P.O. Box 2308 S. Hicks St. Apt # _____

City Phila. State PA Zip 19145

County Phila.

Area Code/HOME Phone 215-336-2969

Area Code/WORK Phone (C) 215-760-7872

Utility Account Number 0283337738
(from your bill)

RECEIVED
2007 FEB -7 AM 9:05
SECRETARIAT'S BUREAU

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

DOCUMENT FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PG&E

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

17

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

Re: PGW's "Notice of Proposed Rate Increase" ^(residential) filed 2/20/07, for a rate increase of approximately 9.37%. This is egregious both the amount of increase & the increase itself - on the heels of already prohibitive

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

→ bills - eg. 'Though it has been a mild winter, to be charged over \$200 every month' is untenable for the "average" consumer (residential), such as our household. I am tired of feeling robbed by PGW!
I kindly request the PUC oppose PGW's request for rate increase.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I Fred Alford, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

(Signature) [Handwritten Signature] (Date) 2/3/07

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
FEB 08 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0043

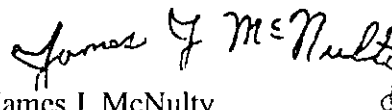
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by FADI AL DID.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -7 AM 8:51
SECRETARY'S BUREAU

Please print or type.

R-00061931 C0044

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Maria A. Longo

Street/P.O. Box 821 PIERCE ST. Apt # _____

City Philadelphia State PA Zip 19148

County Philadelphia

Area Code/HOME Phone 215-336-5282

Area Code/WORK Phone 215- _____

Utility Account Number _____
(from your bill)

DOCKETED
FEB 08 2007

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

DOCUMENT FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW - Phila Gas Works

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

*I want you to decrease
because I am a widow on a fixed
income. The yearly raise I get on SS
does not quite help me with all
the increases of all utility bills. It's
a disgrace!*

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

tried, no body gets on the phone
 or they disconnect you. They don't

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

Yes I tried

hear nothing

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I MARIA A. Longo, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Maria A. Longo
(Signature)

1-29-07
(Date)

9. **LEGAL REPRESENTATION (IF ANY)**

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name IF NEEDED - Richard Spray

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. **FILING**

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 8, 2007

DANIEL CLEARFIELD, ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
213 MARKET STREET
9TH FLOOR
PO BOX 865
HARRISBURG PA 17108-0865

DOCKETED
FEB 08 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0044

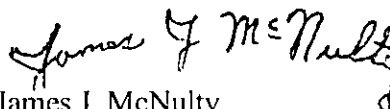
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by MARIA A. LONGO.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

jih

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB -8 AM 9:19
SECRETARY'S BUREAU

Please print or type.

R-00061931C0045

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name BERNILE CAPOBIANCO

Street/P.O. Box 7149 VANDIKE ST. Apt # ---

City PHILA. State PA. Zip 19135

County PHILA.

Area Code/HOME Phone 215-331-4621

Area Code/WORK Phone 215-686-7904

Utility Account Number 2113453350
(from your bill)

ORIGINAL

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

Name N/A

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PHILA. GAS WORKS

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

H

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I will be retired soon and hope I can still afford to pay my gas bills. I make just enough not to be eligible for any help. I think everyone should be responsible to ⁵ pay something. I'm tired of paying for someone else.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I BERNICE CAPOBIANCO, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Bernice Capobianco
(Signature)

2-4-07
(Date)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 9, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0045

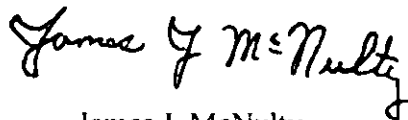
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by BERNICE CAPOBIANCO.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 08 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0046

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Paul J. Hoyer

Street/P.O. Box 2114 Spruce Street

Apt # _____

City Philadelphia

State Pennsylvania

Zip 19103-6596

County Philadelphia

Area Code/HOME Phone 215 735 2210

Area Code/WORK Phone _____

Utility Account Number 5122205705

(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC STEAM HEAT

X GAS WASTE WATER

WATER MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

RECEIVED
2007 FEB -5 AM 8:43
SECRETARY'S BUREAU

4. COMPLAINT (check one)

A. In general, what is your complaint?

X I want to oppose the company's proposed rate increase.

There are incorrect charges on my bill.

There is a reliability, safety or quality problem with my utility service.

I received a notice that my utility service is being terminated.

I would like a payment agreement.

Other.

(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

- 1) PGW appears unwilling to enforce property liens to ensure payment of overdue bills.
- 2) On many occasions I have seen extra, not apparently working personnel at repair sites.
- 3) There appears no opportunity to buy gas from an alternative supplier thereby using PGW only for gas distribution.
- 4) PGW needs to reduce to value of overdue bills in accord with generally used accounting principles.
- 5) The rate of return for PGW needs to be adjusted for their poor performance.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

- 1) Reduce the amount of the rate increase to reflect amount of money that would be recovered by filing liens.
- 2) Reduce the amount of the increase by the amount of the excess labor costs.
- 3) Allow competition for gas suppliers.
- 4) Good business practice rapidly reduces the apparent value of non-current bills. The value of accounts payable PGW should be accurately calculated using the present collection rate.
- 5) The estimated rate of return for PGW should be adjusted to 2 % per year of net value of business as a going concern. Net value should be calculated using generally accepted accounting principles.

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

Secretary

Pennsylvania Public Utility Commission

P.O. Box 3265

Harrisburg, PA 17105

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 23, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0046


Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by PAUL HOYER.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

DOCUMENT
FOLDER

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 22 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

Please print or type.

R-00061931C0047

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Richard A. Mattia Jr

Street/P.O. Box 3493 KIRKWOOD RD Apt#

City Phila State PA Zip 19114

County Philadelphia

Area Code/HOME Phone 267-767-7916

Area Code/WORK Phone 215-686-9169

Utility Account Number 0410550871
(from your bill)

SECRETARY'S OFFICE
2007 FEB -9 AM 9:05
REC-111

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

8

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

- PLOW JUST RECEIVES A RATE INCREASE RECENTLY.
- PLOW REQUESTS A 9% INCREASE WHEN WE DO NOT RECEIVE THAT TYPE OF INCREASE AT WORK ANNUALLY.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

OPPOSE PLOW'S PROPOSED RATE INCREASE.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I Richard Mattia II, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Richard Mattia II
(Signature)

1-30-07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____
Street _____
City _____ State _____ Zip _____
Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 23, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0047

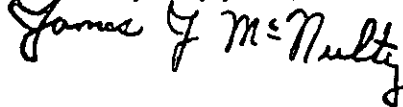
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by RICHARD MATTIA II.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 22 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 20 AM 9:35
SECRETARY'S BUREAU

R-0006193100048

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name DEBORAH GILES

Street/P.O. Box 13218 Apt # _____

City PHILADELPHIA State PA Zip 19101

County PHILADELPHIA

Area Code/HOME Phone _____

Area Code/WORK Phone 215 386-2026

Utility Account Number 9116306453
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box 4614 Cedar Ave

City Phila State PA Zip 19143

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

26

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

- ① Refuse to grant a rate increase. In the past 5 years, PGW has had at least 2 significant rate increases which totaled over 40%!! Two increase were within one year!! Income is not increasing at these rates.
- ② I do not believe that commercial rates should be different. Naturally, businesses will use more, which will automatically increase the PGW income. Rates do NOT need to be different. Where is this increase justified? What analysis was used? It seems that whenever PGW or any utility wants a raise, we have to pay. The increases are NOT justified. (SEE ATTACHED LETTER)

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

- YES
- NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

- YES
(includes appeals of BCS determinations)
- NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I DEBORAH GILES, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Deborah Giles 2-6-2007
 (Signature) (Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

February 13, 2007

PUC
Pennsylvania Public Utility Commission
Post Office box 3265
Harrisburg, PA 17105-3265

To The Pa Public Utility Commission;

I am writing to **STRONGLY OBJECT** to the proposed rate increase. It has not been that long since PGW or Philadelphia Gas works increased its rates by over 40% in one year. I am a tax accountant. My clients include sole proprietors, individuals and seniors. Even though the gas company gave a discount last year, neither category of tax payers, nor I have yet been able to recoup from the increase.

One set of clients I had leads me to question the efficiency and effectiveness of current PGW corporate procedures. In addition to preparing taxes, I assisted one particular elderly couple with bill paying activities. The wife had alzheimers and the husband suffered from diabetes and related blindness. When I first started helping them with their bills, the gas payment was around \$150 per month in the height of the heating season. After the first major increase instituted by PGW; around 2001, my clients' monthly bill shot up to a monthly average in the range of \$400 to \$700 dollars. After the wife died in 2002, her son came home to take care of his Father. He arranged for his Father's account to be put on a budget plan for \$50 per month!!!

Prior to the son taking over, the parents were very responsible and diligent about paying their bills - in total. They hired me to make sure that even in illness, their assets remained unencumbered. This probably is not an unusual case. Nevertheless, my question to PGW and PUC is: if there had been proper analysis done regarding gas usage and payment history, how could a \$50 monthly budget plan be established and approved for an account that typically paid over \$100 dollar monthly - even prior to the increase!?!? This is NOT the fault of the general public and nor should we be penalized for such oversights.

Incomes are not increasing as much as the increases for PGW. Last week, I heard on the national news that currently the general public is negatively saving and that it is the worst saving habits since the Depression and one other period. At first glance one might say that it is due overspending. I agree that people are consuming a lot. However, my theory is that fixed costs have also risen to the point that in order for people to rob Peter to pay Paul for basic needs like heat, food, and commuting to work. Those that are not robbing Peter to pay Paul, money is being taken from savings. I have been conserving heat, water AND electricity since the 1970s, and I still have to wear long underwear to keep warm and afford the utility bills. We, the consumers have to conserve and pay higher bills. What are PGW and other utilities doing to at a minimum, examine the respective operations, find monies, conserve on salaries and Board fees, instead of trying to dump all increases EVERY YEAR on consumers?

Since I started writing this letter on the 6th, I heard on the local news that 9 children had to be

sent to Children's Hospital because they suffered from hypothermia. Over the weekend, I was at an affair and several persons told me about a woman and two children who died in a fire, trying to heat their home with an alternative heat source. Something is wrong here. Utilities are too high.

I used to be a bank examiner. As a community service, I have written procedures for a local nonprofit. In both cases, I have had success in defining internal issues and making effective resolutions. PGW needs this kind of examination and/or audit.

To conclude, based on the above situations and experiences, I am against the rate increase for PGW for at least two years. Meanwhile, PGW must find a way to conserve money, just as the consumer is making due with lower heat and higher bills. If not, then PGW and the PUC will be directly responsible for more deaths due to hypothermia and/or fires because of alternative heat sources that are not as safe.

Thank you for taking this complaint into consideration and disallowing the PGW rate increase.

Sincerely,

DeBorah Giles

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 26, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0048

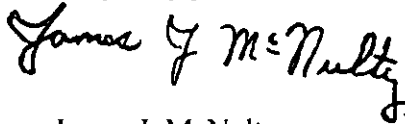
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DEBORAH GILES.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 23 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 20 AM 9:35

SECRETARY'S BUREAU

Please print or type.

R-0006193100049

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name DIANE WATSON

Street/P.O. Box 1915 Bainbridge St Apt # ---

City Philadelphia State PA Zip 19146

County Philadelphia

Area Code/HOME Phone 215-790-1779

Area Code/WORK Phone 215-735-8818

Utility Account Number 311412558
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

117

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

PCW has requested and received several increases over the past two years. These increases are having a heavy/negative impact on the average income taxpaying customer. We need a break from yearly increases! The company needs to be audited for ⁵mismanagement of finances! Please give us citizens a break!! Diane Datcher

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES
NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)
NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: DIANE DATCHER, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Diane Datcher
(Signature) February 6, 2007
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 26, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0049

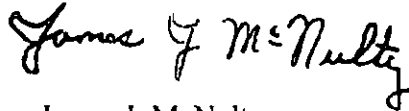
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DIANE DATCHER.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

DOCUMENT
FOLDER

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 23 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 20 AM 9:15
LAW OFFICE
SECRETARY'S BUREAU

Please print or type.

R-0006193100050

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name SUZANNE LONG

Street/P.O. Box 310 CREST PARK RD Apt # _____

City Philadelphia State PA Zip 19119

County Philadelphia

Area Code/HOME Phone 215-248-0648

Area Code/WORK Phone Retired

Utility Account Number 0931377387
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PG&W

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

27

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

I oppose PGW's request for rate increase. The bills are already sky high. My Jan. bill for delivery was 40% of the total bill and Feb. 43% of the total amount was ~~for~~ for delivery.

I also oppose the change for weather normalization. Feb.'s bill was \$18.67. What's normal?? This is way out of line and senseable.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Investigate PGW's earnings and profits over the past ^{years} years. Determine why the delivery ^{lines} have not been updated gradually.

If there has been mismanagement, have them pay!

Eliminate the weather normalization charge. Columbia Gas of Ohio tried to bill this. Too many people complained so it never happened in Ohio. Please use some common sense here regarding this issue.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:
I SUZANNE LONG, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Suzanne Long
(Signature)

2-10-2007
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 26, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0050

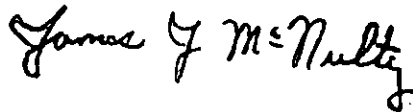
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by SUZANNE LONG.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

DOCUMENT
FOLDER

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 23 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 20 AM 9:40
SECRETARY'S BUREAU

Please print or type.

C-00061931C0051

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name DANIEL P. INGELIDO

Street/P.O. Box 7228 HEGERMAN ST. Apt.#

City Phila. State PA. Zip 19135-1311

County Phila.

Area Code/HOME Phone 215-335-3966

Area Code/WORK Phone RETIRED

Utility Account Number 8122146063 (from your bill)

ORIGINAL

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: P.G.W.

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

29

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

AS A RETIRED PERSON ON A FIXED INCOME WHO HAS PAYED HIS BILLS ON TIME AND IN FULL REGARDLESS OF THE CONTINUED INCREASES OVER THE YEARS WHAT WE ALL NEED IS A DECREASE IN OUR GAS BILL RATES.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I, FOR ONE OF MANY, REQUEST AND DEMAND THAT YOU (PGW) DO NOT RAISE THE UPCOMING RATES, BUT DECREASE THEM. ALSO, STOP THE WASTE IN THE P.G.W. DEPT THAT HAS BEEN GOING ON FOR YEARS!! DO SOMETHING ABOUT COLLECTING FROM THOSE WHO DO NOT PAY INSTEAD OF US WHO PAY OUR BILLS!!!

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I DANIEL P. INGELIDO, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Daniel P. Ingelido
(Signature)

2/12/07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 26, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0051

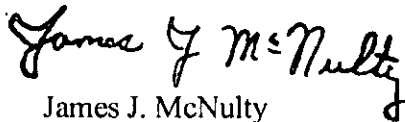
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DANIEL INGELIDO.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,


James J. McNulty
Secretary

DOCUMENT
FOLDER

(SEAL)

Certified Mail
Return Receipt Requested

DOCKETED
FEB 23 2007

SS

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 20 AM 9:38
SECRETARY'S BUREAU

Please print or type.

C-000619310052

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name SARAH B. CONQUEST

Street/P.O. Box 5236 LITCHFIELD ST Apt # _____

City Phila State Pa Zip 19143

County Phila

Area Code/HOME Phone 215 726 5528

Area Code/WORK Phone _____

Utility Account Number 519326484
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

25

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I am a Retired Senior Citizen with limited income. Income is not increasing like your rate hikes. I need heat but it is fast becoming something I will not be able to afford. I do not want to suffer from hypothermia like the children on the News on 2/6/07, that had to be rushed to the hospital because there was NO heat in the home. I suggest that there be NO increases for PGW indefinitely and an independent audit performed.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I SARAH B CONQUEST, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Sarah B. Conquest 2-7-07
(Signature) (Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

FEBRUARY 26, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0052

Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by SARAH CONQUEST.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,

James J. McNulty

James J. McNulty
Secretary

DOCUMENT
FOLDER

(SEAL)

Certified Mail
Return Receipt Requested

SS

KJR

DOCKETED
FEB 23 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 12 AM 10:46
PA. P.U.C.
SECRETARY'S OFFICE

Please print or type.

R-000 61931 C0053

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Lisa Capobianco

Street/P.O. Box 2851 Knorr Street Apt # _____

City Philadelphia State Pa Zip 19149

County _____

Area Code/HOME Phone 215-68331-3184

Area Code/WORK Phone _____

Utility Account Number 0134072037
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

33

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

Refuse increase

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Keep Rates Lower.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I Lisa Capobianco, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Lisa Capobianco
(Signature)

2/1/07
(Date)

9. **LÉGAL REPRESENTATION (IF ANY)**

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. **FILING**

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

MARCH 1, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0053

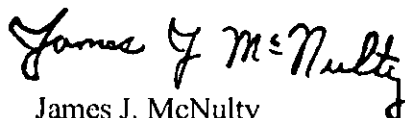
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by LISA CAPOBIANCO.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 28 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 12 AM 8:49
SECRETARY'S BUREAU

Please print or type. R-000619310054

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Nicole Brown

Street/P.O. Box 229 Fulton Street Apt # D

City Philadelphia State PA Zip 19147

County Philadelphia

Area Code/HOME Phone 267-971-4359

Area Code/WORK Phone _____

Utility Account Number 0340748631
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works (PGW)

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

17

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

see attached letter

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Do not move forward with a proposed rate increase - see attached letter.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I Nicole Brown, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Nicole L Brown (Signature) 2/5/07 (Date)

**Pennsylvania Public
Utility Commission**

Nicole L. Brown
229 Fulton Street
Apt. D
Philadelphia, PA 19147

February 5, 2007

Post Office Box 3265
Harrisburg, PA 17105-3265

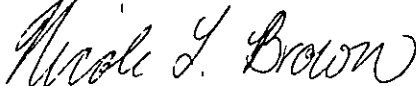
To Whom it May Concern:

I am writing to express my disgust and objection to the rate increase that Philadelphia Gas Works (PGW) has recently proposed. It is my understanding that Philadelphia is charged at one of, if not the highest rates in the nation for natural gas. Unfortunately, as a consumer, I do not have the choice of who my natural gas provider is. Certainly, if that were the case, I would not select PGW. Of course, if consumers had a choice (in other words, if a complete monopoly did not exist), I am certain that the rates would already be more reasonable and more in line with what they should be.

From what I have heard in the news, the reason that consumers are being so unfairly charged is due to a complete and total lack of competency when it comes to management of assets by PGW. Instead of the company attempting to fix what is wrong with the management and financials of the company, the solution has been consistently to raise the rates of consumers who have no choice. The solution to the problem is to get to the root of issue as to why the company is so poorly managed, and not to continue to unjustly punish consumers. Another rate increase clearly will only provide a short term solution, at best, and I'm sure another increase will be right around the corner when that fails to resolve the issue again.

I am outraged that I have to spend my precious time objecting to something that should not even be on the table. I do hope that enough other people speak out against this injustice and that the needs of the consumer are considered for a change. Please do not allow this rate increase to happen and look to alternative long-term solutions to a problem that will only continue to grow. Thank you for your consideration in this matter.

Sincerely,



Nicole L. Brown, FPC

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

MARCH 1, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0054

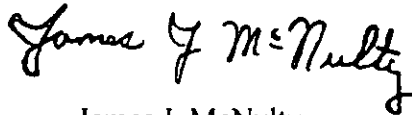
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by NICOLE BROWN.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 28 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0055

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Theresa Sims

Street/P.O. Box P.O. Box 13218 Apt #

City Philadelphia State PA Zip 19101 - 3218

County Philadelphia

Area Code/HOME Phone

Area Code/WORK Phone (215) 222-8020

Utility Account Number (from your bill)

9116306453

ORIGINAL

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

RECEIVED

FEB 17 2007

2

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

The increases by the gas company have been extremely high. The cost to heat one's home is becoming unaffordable and there seems to be no end in sight to these unreasonable increases. Management of the gas company has not been diligent in their responsibilities to the public.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

Not approve the gas companies proposed rate increase. Just say NO!

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I Theresa Sims, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Theresa Sims
(Signature)

2-17-2007
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

MARCH 1, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0055

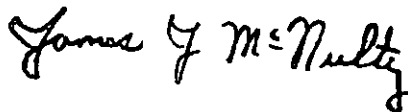
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by THERESA SIMS.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 28 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
FEB 16 AM 9:16
P.U.C.
SECRETARY'S BUREAU

Please print or type.

R-00061931C0056

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name DONNA KENNY + MICHAEL KENNY

Street/P.O. Box 1108 FRIENDSHIP ST. Apt # _____

City PHILA. State PA Zip 19111-4202

County PHILA.

Area Code/HOME Phone 215-742-0633

Area Code/WORK Phone 215-331-8850

Utility Account Number 9116488701
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER
(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

42

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

*Deny any request for a
rate increase !!!*

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I DONNA KENNY, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Donna B. Kenny
(Signature)

2/12/07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

MARCH 1, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0056

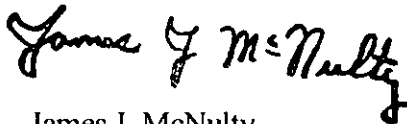
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DONNA & MICHAEL KENNY.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
FEB 28 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0057

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name NORMAN WESTER

Street/P.O. Box 4616 CEDAR Apt #

City PHILA State PA Zip 19143

County PHILA

Area Code/HOME Phone 215-222-583

Area Code/WORK Phone

Utility Account Number (from your bill)

ORIGINAL

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

RECEIVED

FEB 17 2007

4. **COMPLAINT** (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

STOP THEM RAISING THE RATE

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I NORMAN WEISTER, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Norman Weister (Signature) 2/16/07 (Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

MARCH 1, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0057

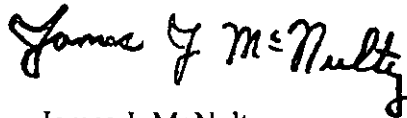
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by NORMAN WEISTER.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,



James J. McNulty
Secretary

DOCKETED

FEB 28 2007

(SEAL)

Certified Mail
Return Receipt Requested

SS

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0058

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Donna Ciafre

Street/P.O. Box 2744 S. Smedley St Apt #

City Phila State PA Zip 19145

County

Area Code/HOME Phone 215-334-2237

Area Code/WORK Phone

Utility Account Number (from your bill) 0186415382

ORIGINAL

REC'D CIVIL
2007 FEB 22 AM 8:57
SECRETARY'S OFFICE

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

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE (local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER (taxi, moving company, limousine)

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

Re: PGW's "Notice of Proposed Rate Increase" of 9.3%. This is egregious, both the amount of increase & the request for the increase itself, on the heels of already prohibitive bills; eg, though it has been a mild winter until recently, to be charged over \$200 every month is untenable for the "average" consumer, as is our household. I am tired of feeling robbed by PGW!

5. **RELIEF**

What do you want the ~~Public~~ Utility Commission to do about your complaint? Use additional paper if you need more space.

I am kindly requesting that the PUC oppose PGW's request for this rate increase! T.Y.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I Donna Ciafre hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Donna Ciafre
(Signature) 2-15-07
(Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

~~Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105~~

Secretary
Pennsylvania Public Utility Commission
400 North Street
Commonwealth Keystone Building, 2nd Floor
Harrisburg, Pennsylvania 17120

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

MARCH 2, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0058

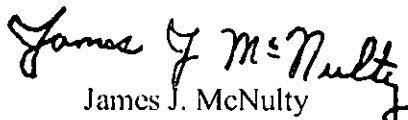
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DONNA CIAFRE.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,


James J. McNulty
Secretary

**DOCUMENT
FOLDER**

(SEAL)

Certified Mail
Return Receipt Requested

SS

DOCKETED
MAR 01 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 22 AM 8:44
SECRETARY'S BUREAU

Please print or type.

R-000619310059

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Dana Wormer and Theodore Schurr

Street/P.O. Box 4622 Cedar Ave. Apt # _____

City Philadelphia State PA Zip 19143

County Philadelphia

Area Code/HOME Phone 215.222.6110

Area Code/WORK Phone 215.573.7632

Utility Account Number 0890729362
(from your bill)

ORIGINAL

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

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(taxi, moving company, limousine)

11

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. **State the facts of your complaint.**

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

Utility bills are already high, and raising prices every year just on principal is not acceptable, especially given the outrageous profit margins and annual revenues of the oil and gas industry.

5. **RELIEF**

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

- (1) DO NOT RAISE GAS PRICES THIS YEAR.
- (2) LOOK AT THE EFFICIENCY OF THE BUS. OPERATIONS OF PGW. SURELY THEY CAN FIND 4-9% WASTE INSIDE THEIR OWN BUS. PROCESSES.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I Dana Wormer and Theodore Schurr, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Dana Wormer Theodore Schurr 18 Feb. 2007
(Signature) (Date)

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

MARCH 2, 2007

WOLF BLOCK SCHORR SOLIS-COHEN LLP
DANIEL CLEARFIELD ESQUIRE
213 MARKET STREET 9TH FL
PO BOX 865
HARRISBURG PA 17108-0865

DOCUMENT
FOLDER

RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0059

Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by DANA WORMER & THEODORE SCHURR.

This complaint, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. The Pennsylvania Public Utility Code, 66 Pa. C.S., requires the Commission to serve on each party named in a complaint a copy of the complaint.

Within twenty (20) days from the date on which this complaint is served, you may either satisfy this complaint or comply with the provisions of 52 Pa. Code, Section 5.61 et seq., as amended.

Very truly yours,

James J. McNulty

James J. McNulty
Secretary

DOCKETED

MAR 01 2007

(SEAL)

Certified Mail
Return Receipt Requested

SS