

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

2007 FEB 22 AM 8:45

Formal Complaint Form

SECRETARY'S BUREAU

Please print or type.

R-00069310060

1. CUSTOMER NAME (COMPLAINANT)

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

Name MARTIN F CABRY

Street/P.O. Box 1017 54th Apt #

City PHILA State PA Zip 19143

County PHILA

Area Code/HOME Phone 215-386-5580

Area Code/WORK Phone 215-686-3418-19

Utility Account Number (from your bill) 0149 204-786

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 WORK

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

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.

NO 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.

TO-VOTE DOWN RATE INCREASE TO HIGH.
NOW

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-00061931C0060

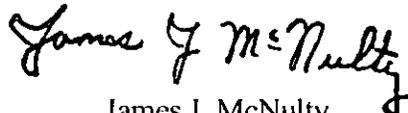
Dear Sir/Madam:

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

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
MAR 01 2007

(SEAL)

Certified Mail
Return Receipt Requested

SS

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-000619310061

RECEIVED
2007 FEB 22 AM 8:59
SECRETARY'S SUITE

1. CUSTOMER NAME (COMPLAINANT)

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

Name EDWARD S. WASSER

Street/P.O. Box 136 HICKORY HILL RD Apt #

City PHILADELPHIA State PA. Zip 19154-4306

County PHILADELPHIA

Area Code/HOME Phone 215-637-3950

Area Code/WORK Phone NONE

Utility Account Number 311655821
(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)

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.

THE PROPOSED RATE INCREASE IS
NOT NECESSARY. THE PRESENT RATE
IS ALREADY TOO HIGH.

5. **RELIEF**

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

DENY THE PROPOSED RATE
INCREASE AND LOWER THE EXISTING
CURRENT 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 EDWARD S. WASSER, 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).

Edward S. Wasser
(Signature)

February 13, 2007
(Date)

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-00061931C0061

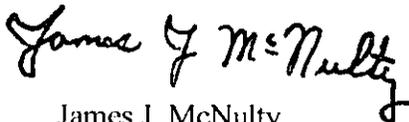
Dear Sir/Madam:

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

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
MAR 01 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

Formal Complaint Form

2007 FEB 16 A 19:19

Please print or type. R-00061931C0062

SECRETARY'S BUREAU

1. CUSTOMER NAME (COMPLAINANT)

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

Name Colleen L. McGrath

Street/P.O. Box 126 Meadow Ln Apt #

City Philadelphia State PA Zip 19154

County Philadelphia

Area Code/HOME Phone 215 834 0641

Area Code/WORK Phone 215 686-2973

Utility Account Number (from your bill) 2114048430

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)

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.

Rates are high enough

5. RELIEF

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

Keep from RAISING any more

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: Colleen L. McGrath
I Colleen L. McGrath, 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).

Colleen L. McGrath 2-9-07
(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
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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-00061931C0062

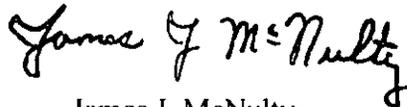
Dear Sir/Madam:

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

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
MAR 01 2007

(SEAL)

Certified Mail
Return Receipt Requested

SS

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0063

ORIGINAL

1. CUSTOMER NAME (COMPLAINANT)

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

Name TERESA SOMMER

Street/P.O. Box 3319 SHELMIER AVE Apt #

City Phila State PA Zip 19136

County Phila

Area Code/HOME Phone 215 331-2440

Area Code/WORK Phone 215 749 6831

Utility Account Number 6113086468 (from your bill)

RECEIVED 2007 FEB 16 AM 8:49 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

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

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.

5. **RELIEF**

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

*Manage the business better rather than
constantly increasing the rate to cover
mismanagement.*

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 TERESA SOMMER, 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).

Teresa Sommer
(Signature)

2/10/07
(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

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-00061931C0063

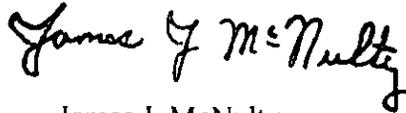
Dear Sir/Madam:

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

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
MAR 01 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED
2007 FEB 28 AM 8:43

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

ORIGINAL

Please print or type.

R-0006193100064

1. CUSTOMER NAME (COMPLAINANT)

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

Name KEVIN L. WASHINGTON

Street/P.O. Box 3785 GENESEE DR. Apt # _____

City Phila State PA Zip 19154

County Philadelphia

Area Code/HOME Phone 215-456-9362

Area Code/WORK Phone _____

Utility Account Number ~~01200700809~~ 0725273299
(from your bill)

DOCKETED
MAR 01 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~~ 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)

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.

The proposed rate increase of \$100,000,000 for gas distribution is absurd. This will increase my residential bill to an unaffordable level by 9.3% per month. This increase is 3x ~~as large~~ above inflation.

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 for the PUC to reject ~~the~~ this request by Philadelphia Gas Works (PGW). If not possible, limit the increase to match current inflation so I may live using the same disposable income.

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 L. WASHINGTON, 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).

Kevin L. Washington Feb. 24, 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 5, 2007

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

DOCKETED
MAR 01 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0064

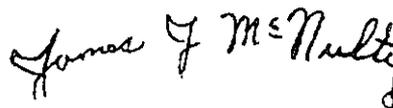
Dear Sir/Madam:

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

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 28 AM 8:42

SECRETARY'S BUREAU

Please print or type.

R-0006193100065

ORIGINAL

1. CUSTOMER NAME (COMPLAINANT)

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

Name Anthony GEROME

Street/P.O. Box 4154 MAYWOOD ST Apt # _____

City Phila State PA Zip 19124

County Phila

Area Code/HOME Phone 215 288 4606

Area Code/WORK Phone 610 405 52347

Utility Account Number _____
(from your bill)

DOCKETED
MAR 01 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)

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.

5. **RELIEF**

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

*MANAGE THE GAS CO MORE EFFICIENTLY
WITH INTERNAL MEASURES FOR COST CUTTING;
INSTEAD OF CONSTANTLY RAISE RATES. ALSO
COLLECT PAST DUE 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 _____, 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).

Anthony Nease 2-26-07
(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

MARCH 5, 2007

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

DOCKETED
MAR 01 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0065

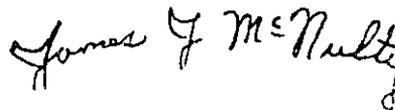
Dear Sir/Madam:

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

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

Please print or type.

R-00061931C0066

1. CUSTOMER NAME (COMPLAINANT)

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

Name LARRY SOMMER

Street/P.O. Box 3951 HOWLAND ST. Apt #

City Phila State PA Zip 19124

County Phila

Area Code/HOME Phone 215-535-6951

Area Code/WORK Phone 215-426-9000

Utility Account Number (from your bill) 5111826217

ORIGINAL

DOCKETED MAR 01 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
- GAS
- WATER
- TELEPHONE (local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER (taxi, moving company, limousine)

RECEIVED 2007 FEB 28 AM 8:36 SECRETARY'S BUREAU

Handwritten initials

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.

*MANAGE THE GAS Co MORE EFFICIENTLY WITH
INTERNAL MEASURES FOR COST CUTTING INSTEAD OF
CONSTANTLY RAISING RATES. ALSO START COLLECTING
PAST DUE 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 LARRY SOMMER, 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).

Larry Sommer
(Signature)

2/25/07
(Date)

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

MARCH 5, 2007

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

DOCKETED
MAR 01 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0066

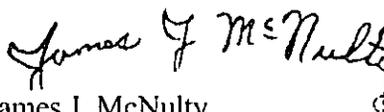
Dear Sir/Madam:

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

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 16 AM 9:15
PHILADELPHIA
SECRETARY'S BUREAU

Please print or type.

R-0006193AC0067

ORIGINAL

1. CUSTOMER NAME (COMPLAINANT)

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

Name ARTHUR N. STARANKOVIC | HEATHER J. WILEY

Street/P.O. Box 4631 CEDAR AVE Apt # _____

City PHILADELPHIA State PA Zip 19143

County PHILADELPHIA

Area Code/HOME Phone 215-724-1350

Area Code/WORK Phone _____

Utility Account Number #0788747874
(from your bill)

DOCKETED
MAR 01 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.

9.3% INCREASE WHY? NOW, WE ARE IN THE
GRIPS OF WINTER → NOW I NEED A PART-TIME AND
EXTRA JOB JUST TO PAY FOR HEAT!!

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 RATES! I pay on time .. I CAN'T
AFFORD 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

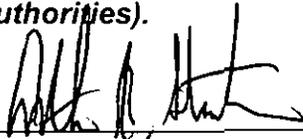
If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

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 ARTHUR N. STANKOVIC, 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)

2/13/07
(Date)

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

MARCH 5, 2007

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

DOCKETED
MAR 01 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0067

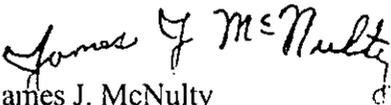
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by ARTHUR N. STARANKOVIC & HEATHER J. WILEY.

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 MAR 28 11:11:33
REGISTRATION BUREAU

Please print or type.

R-00061931 C0068

1. CUSTOMER NAME (COMPLAINANT)

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

ORIGINAL

Name David Hollar

Street/P.O. Box 132 Rochelle Ave Apt # _____

City Philadelphia State PA Zip 19128

County Philadelphia

Area Code/HOME Phone 215 508 2894

Area Code/WORK Phone _____

Utility Account Number _____
(from your bill)

DOCKETED
APR 03 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)

DOCUMENT
FOLDER

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.

PGW is a mismanaged utility. It is unfair to require consumers to subsidize rate increases that are unjustified. We pay some of the highest rates in the nation for gas.

5. **RELIEF**

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

Please do not approve the rate increase. Please make future rate increase applications by PGW contingent upon managerial and customer service improvement goals.

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 Hollar, 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).

David Hollar
(Signature)

2/8/07
(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

APRIL 4, 2007

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

DOCKETED
APR 03 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0068

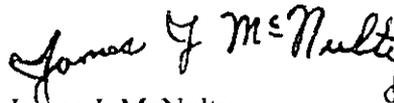
Dear Sir/Madam:

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

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

Please print or type.

R-00061931 COOLG

RECEIVED
2007 MAR 26 AM 9:14
SEATTLE'S SYSTEMS

ORIGINAL

1. CUSTOMER NAME (COMPLAINANT)

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

Name HELEN SMITH

Street/P.O. Box 107 HICKORY HILL RD Apt #

City PHILA State PA Zip 19154

County PHILA

Area Code/HOME Phone (215) 281-3239 (UNLISTED)

Area Code/WORK Phone

Utility Account Number (from your bill)

DOCKETED
APR 05 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

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. PGW RATES / (+) CALL FROM PGW ABOUT A LATE PAYMENT (explain) INCREASING

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 USED LESS GAS THIS YEAR, BECAUSE I CAN'T AFFORD THE GAS PRICES, AND I WAS COLD FOR THE MOST PART --- MY GAS BILLS WERE STILL HIGH. I EVEN GOT A NEW HEATER IN 2/2006 AND I STILL SEE HIGHER PRICES THEN EVER. PLEASE DO SOMETHING ABOUT THE RATE INCREASES

5. RELIEF

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

I ALWAYS PAY MY BILLS ON TIME AND ALWAYS PAY THE ^{FULL} AMOUNT DUE. ABOUT 2 YEARS AGO IN THE SUMMER I GOT A CALL FROM PGW THAT I WAS LATE WITH MY PAYMENT. MY BILLED AMOUNT WAS \$50. I WAS SO ANGRY THAT THEY TARGETED ME FOR \$50. WHICH WAS ALREADY SENT, EVEN IF IT WAS LATE A COUPLE OF DAYS, WHICH IT WAS NOT THEY CALLED A CUSTOMER WHO PAYS ON TIME EVERY MONTH - WHY? WHY NOT CALL A CUSTOMER WHO IS SEVERAL MONTHS LATE. --- WELL, THE SAME THING HAPPENED LAST MONTH. - I AM SO UPSET -

(over)

I SENT MY BILLED AMOUNT OF \$293.00.
I GOT ANOTHER CALL THE WEEK IT WAS
DUE TELLING ME IT WAS LATE --- I JUST
SAT DOWN AND CRIED. I WAS COID ALL WINTER,
PAID THIS HIGH PGW BILL (WHICH I CAN'T AFFORD)
ON TIME, LIKE I ALWAYS ~~DO~~ AND I GET
A CALL FROM PGW TELLING ME I'M LATE ---
IF THERE WAS A COMPETOR OUT THERE
I WOULD HAVE SWITCHED MY SERVICE IMMEDIATELY.
I AM SO FRUSTRATED

I WOULD LIKE THE PUC TO SEE THAT
THE CUSTOMER WHO PAY THEIR BILLS AND THE
FULL AMOUNT OF THEIR BILL ON TIME ARE NOT
HARASSED BY THE UTILITY COMPANIES IF THEY
ARE LESS THEN 1 PYMT LATE. JUST BECAUSE
THERE ARE PEOPLE WHO DON'T PAY AND WHO
DON'T PAY THEIR FULL AMOUNTS DOES NOT MEAN
THAT YOU CAN SQUEESE MORE OUT OF RESPONSIBLE
CUSTOMERS. REWARD US FOR PAYING ON TIME -
MAYBE CUT US A BREAK EVERY SO OFTEN
AND TAKE A FEW \$ OFF --- STOP
CALLING THE RESPONSIBLE AND SHUT OFF
SERVICE TO THE ONES WHO ~~DO~~ DON'T PAY ---
NOT CAN'T PAY. PLEASE FIGHT TO ~~GET~~ GET THE
RATES DOWN OR MORE PEOPLE ARE GOING TO DUE
WITHOUT HEAT AND THAT JUST IS NOT RIGHT ---

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 HELEN SMITH, 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).

Helen Smith
(Signature)

3-24-07
(Date)

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

APRIL 6, 2007

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

DOCKETED
APR 05 2007

RE: PA PUC vs. PHILADELPHIA GAS WORKS
Docket Number R-00061931C0069

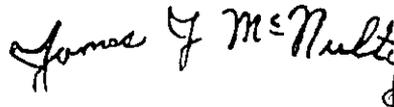
Dear Sir/Madam:

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

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 APR 26 AM 8:49
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 DEBORAH SMITH

Street/P.O. Box 3310 HAVERFORD AVE Apt # _____

City PHILA. State PA Zip 19104

County PHILA.

Area Code/HOME Phone 215-386-1662

Area Code/WORK Phone 215-590-6033

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: 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
MAY 09 2007

DOCUMENT
FOLDER

ORIGINAL

4

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 expressing my complaint in regard to gas rate increases. This gas company has increased every year at ridiculous rates. No one except for the wealthy can afford these rates. Not only do I object, I am asking that these rates be reduced. Anytime I get a bill

5. RELIEF

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

for one month well over \$400. when I keep my thermostat on 67 degrees this is terrible. When I complained that something must be wrong, no one even investigated. Either these are faulty meters or they are just jacking up the prices randomly. I take it as a personal insult again, if rates are allowed to go up!!

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 SMITH, 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 Smith
(Signature)

4/18/07
(Date)

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

May 8, 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-00061931C0070

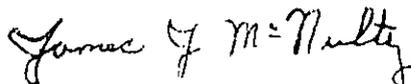
Dear Sir/Madam:

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

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
MAY 09 2007

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061931C0071

1. CUSTOMER NAME (COMPLAINANT)

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

Name DAWN WELSCH

Street/P.O. Box 7224 MONTOUR ST Apt #

City PHILA State PA Zip 19111

County PHILA

Area Code/HOME Phone 215-745-3767

Area Code/WORK Phone

Utility Account Number (from your bill) 6113813841

SECRETARY'S OFFICE 2007 APR 19 11:09:06

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 MAY 09 2007

DOCUMENT FOLDER

ORIGINAL

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.

OPPOSING 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.

DO NOT ALLOW THE RATE INCREASE
HOLD PGW ACCOUNTABLE FOR MIS MANAGEMENT
OF MY MONEY

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 WELSCH, 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).

Dawn Welsch
(Signature)

4-5-07
(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

May 8, 2007

DANIEL CLEARFIELD ESQUIRE
WOLF BLOCK SCHORR SOLIS-COHEN LLP
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RE: PA PUC vs PHILADELPHIA GAS WORKS
Docket Number R-00061931C0071

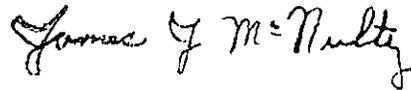
Dear Sir/Madam:

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

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

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