

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED  
2006 JUL 19 AM 9:27  
SECRETARY'S BUREAU

Please print or type.

R-00061493C0040

1. CUSTOMER NAME (COMPLAINANT)

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

Name ANGELA PITTS

Street/P.O. Box 5405 WOODWARD DR Apt # \_\_\_\_\_

City ERIE State PA Zip 16509

County ERIE

Area Code/HOME Phone 814 868-0166

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 3108475-03  
(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: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER

(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

4 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. *(PUC No 9)*

*I AM TOTALLY AGAINST THE SURCHARGE THE GAS CO WISHES TO IMPOSE ON <sup>US</sup> AS THEIR LOGIC AS MAKES NO SENSE. I HAVE HEARD TWO DIFFERENT REASONS. ONE TO EDUCATE PEOPLE HOW TO CONSERVE GAS SECOND TO REPLACE PIPES. THEY SAY THE SUPPLIER ~~SAYS~~ <sup>SAYS!</sup> WE ARE NOT USING AS MUCH GAS WITH LOWER THE PRICES. DID YOU SEE GM LOWER THE PRICES ON THEIR CARS RELIEF WHEN THEY FACED FINANCIAL PROBLEMS? WHY IS GAS HIGHER IN OTHER STATES. I THOUGHT THE PUC PROTECTS THE*

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

*PERHAPS A FREEZE ON PRICES. IF THEY ARE NOT IN FINANCIAL PROBLEMS - WHY THE ADDITIONAL CHARGES. I THINK A FULL INVESTION IS IN ORDER!*

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 ANGELA PITTS, 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).

Angela Pitts  
(Signature)

7-17-06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0040

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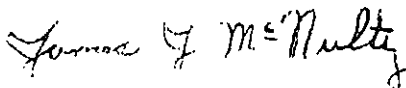
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061493C0041

RECEIVED  
2006 JUL 19 AM 9:27  
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 Linda Cross

Street/P.O. Box RD4 Box 344A Apt # \_\_\_\_\_

City Sugar Grove State Pa Zip 16350

County Warren

Area Code/HOME Phone 814-489-3652

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 3187066-10  
(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 Chandlers Valley U.M. Church

Street/P.O. Box 345 MAIN ST

City Chandlers Valley State Pa Zip 16312

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

ORIGINAL

36

**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.

We the congregation of the Chandlers Valley United Methodist Church, Warren County, Pa. would like to ask you to please stop the price hike that National Fuel is asking for.

We have been on the budget plan with National Fuel for many years. Our bill keeps going up and it is coming to the point that we may have to stop having services in the winter.

This latest hike that National Fuel is asking for is because the consumer complied with the Governments wishes to conserve energy. I would think that National Fuel would have an excess of gas and the price should go down not up.

I am sure you have been told many times that many of the residents of Pennsylvania have to make a choice between medication, food and heat. In Warren County this is a fact.

The elderly, those on fixed incomes, small businesses and small Churches are going to suffer if this new price hike takes affect.

If you find that National Fuel needs this price hike to stay in existence then everyone will have to tighten their belt one more time. If you see that this hike is not necessary then we will be Praying for strength to tell them no.

Thank You for your time and consideration in this matter

A handwritten signature in cursive script that reads "Linda Cross".

Linda Cross  
Chandlers Valley United Methodist Church Trustee.

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 Linda Cross, 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).

Linda Cross  
(Signature)

7-17-2006  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0041

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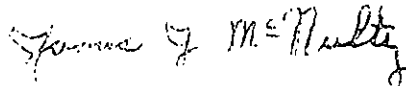
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED  
2006 JUL 19 AM 9:10  
SECRETARY'S BUREAU

R-00061493C0042

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name RITA ORZEL

Street/P.O. Box 910 REED ST Apt #

City ERIE State PA Zip 16503

County ERIE

Area Code/HOME Phone 814-455-0489

Area Code/WORK Phone

Utility Account Number (from your bill) 4351863-10

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: NATIONAL FUEL + GAS Co.

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

ORIGINAL

79

4. COMPLAINT (check one)

A. In general, what is your complaint?

I want to <sup>STRONGLY</sup> 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.

According to NFG the increase proposed by the company is a result of decreased gas consumption by consumers. If the gas consumption trend continues to decrease or it has over the last few years - will another increase by NFG will be required next year to cover these fixed costs & it is time to look within NFG to cut costs within the company: salary + compensation pkg for CEO & other officials. Retirement & health benefits for employees etc - other industries have had to make these some problems and have come up with solutions - NFG needs to do that!

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

For once - hope the Commission quits to tell NFG - NO - NOT pay or increase of any kind - within the Co first to make it cannot be continuation of the as it is structured Regio NOW some cuts! PUC - side with consumers. Dis time - please a good place to look for cuts

NFG slammed

We at LTT Welding vote no to the rate increase requested by National Fuel Gas Distribution Corp.

The following was taken from the executive paywatch database at www.aflcio.org:

In 2005, Philip C. Ackerman, National Fuel's chief executive officer, raked in \$3,085,012 in total compensation, including stock options.

And he has another \$25,272,496 in unexercised stock options from previous years.

Geneva Baker  
LTT Welding  
Corry

ETN  
7/13/06

6. PROTECTION FROM ABUSE

NA

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 Rina Ordez, 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).

Rina Ordez  
(Signature)

July 11, 2006  
(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<sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0042

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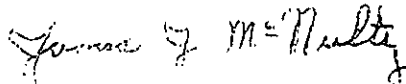
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED  
006 JUL 19 AM 9:28

Formal Complaint Form

R-00061493C0043

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 Stephan Venup

Street/P.O. Box 100 Highland Ave Apt # \_\_\_\_\_

City Youngsville State Pa Zip 17371

County Warren

Area Code/HOME Phone 814-563-1285

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 3223987-04  
(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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Gas

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

4 ORIGINAL

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.

Supplement # 2) To Tariff Gas-De, PUC # 9 filed by National Fuel Gas Distribution Corporation (NFGD) on May 31, 2006 and proposed to become effective July 31, 2006 would increase NFGD's Annual Revenue by approximately \$1,589,000 per year

5. RELIEF

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

*Deny*  
PUC should deny and investigate

**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 PHYLLIS HENRY, 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).

Phyllis Henry  
(Signature)

7/17/06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0043

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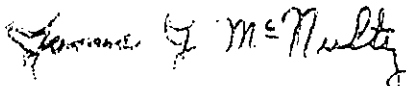
Dear Sir/Madam:

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

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**  
AUG 1 2006

(SEAL)

Certified Mail  
Return Receipt Requested

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061493C0044 CASEY WARNER

RECEIVED  
2006 JUL 21 11:10:41  
LAWYER'S BUREAU

Please print or type.

1. CUSTOMER NAME (COMPL.....)

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

Name Casey Warner  
Street/P.O. Box 37 West Main St # C  
City Youngsville State PA Zip 16371  
County Warren  
Area Code/HOME Phone 814-563-6312  
Area Code/WORK Phone \_\_\_\_\_  
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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas Distribution Corporation

3. TYPE OF UTILITY (check one)

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

ORIGINAL

28

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.

*Supplement no. 61 to Tariff Gas - PA PUC.  
No 9 filed by National Fuel Gas Distribution Corporation  
(NFGD) on May 31, 2006, and proposed to become  
effective July 30, 2006. Would increase NFGD's  
annual revenues by approximately \$25,892,000 p/yr.*

5. **RELIEF**

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

*PUC must suspend, investigate, & deny  
proposed tariffs. A public hearing should  
be held in Warren PA*

**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 Casey Warner, 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).

Casey Warner 7/17/06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0044

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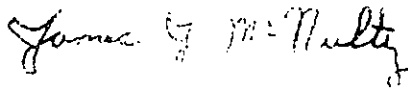
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061493C0045 HAROLD L WILKENS

RECEIVED  
2006 JUL 21 AM 10:35  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name HAROLD L. WILKENS

Street/P.O. Box R.D. 1 Box 1818 ~~APT#~~ Foxhill Road

City Russell State PA. Zip 16345

County Warren

Area Code/HOME Phone 814-757-9281

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 5102587-06  
(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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

ORIGINAL

36

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. *The plan to add a surcharge.*  
(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.

*For years we have been told to conserve, to insulate etc. to be more efficient. I go to Florida in the winter & turn thermostat down. Now they want to make me pay for gas I don't use.*

5. **RELIEF**

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

*Leave the cost where it is now & not add a surcharge.*

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 Harold L. Wilkins, 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).

Harold L. Wilkins  
(Signature)

7-20-2006  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0045

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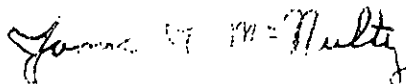
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061493C0046 JOAN HAMEL

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Joan Hamel

Street/P.O. Box 523 Water St Apt #

City Warren State PA Zip 16365-1744

County Warren

Area Code/HOME Phone 814-726-1069

Area Code/WORK Phone n/a

Utility Account Number 5835998-02 (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

DOCUMENT FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas Distribution Corporation

3. TYPE OF UTILITY (check one)

ELECTRIC

X GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER (taxi, moving company, limousine)

DOCKETED

AUG 1 2006

SECRETARY'S OFFICE 2005 JUL 21 AM 10:34

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.

SUPPLEMENT NO.61 TO TARIFF GAS – PA. P.U.C. NO. 9 FILED BY NATIONAL FUEL GAS DISTRIBUTION CORPORATION (N.F.G.D.) ON MAY 31, 2006 AND PROPOSED TO BECOME EFFECTIVE JULY 30, 2006 WOULD INCREASE N.F.G.D.'S ANNUAL REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR

5. **RELIEF**

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

P.U.C. must suspend and deny proposed tariff.

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 Joan F. Hamel** \_\_\_\_\_, 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).

Joan F. Hamel  
(Signature)

7/19/06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0046

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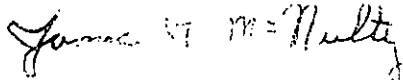
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0047 ELEANOR AMICUCCI

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Eleanor Amicucci

Street/P.O. Box 3625 Hazel St Apt #

City Erie State Pa Zip 16508

County Erie

Area Code/HOME Phone 814-8665445

Area Code/WORK Phone 814-8602132

Utility Account Number 403416802 (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 DOCUMENT

Street/P.O. Box FOLDER

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

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

DOCKETED AUG 1 2006

SECRETARY'S BUREAU 2006 JUL 21 11:10:34

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.

Proposed surcharge  
Supplement No 61 to Tariff Gas  
PA PUC No. 9

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 pass proposed surcharge  
by NFG based on customer  
conserving gas usage

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 Eleanor Amicucci, 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).

Eleanor Amicucci  
(Signature)

7/18/06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0047

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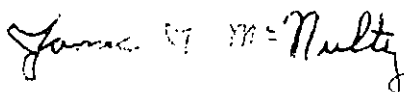
Dear Sir/Madam:

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

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**  
AUG 1 2006

RECEIVED  
2006 JUL 21 AM 10:28  
SECRETARY'S BUREAU

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Joyce E. Loutzenhiser *Loutzenhiser*

Street/P.O. Box 9 Homestead Dr Apt # *9 Homestead Dr Apt #*

City Youngsville State PA Zip 16371

County WARREN

Area Code/HOME Phone 814-563-4769

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number (from your bill) 0147912-07

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

DOCUMENT FOLDER

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. UTILITY NAME (RESPONDENT) National Fuel

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

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.

Supplement No. 61 to tariffs Gas - PA  
D.U.C. No. 9 filed by National Fuel  
Gas Distribution Corp. N.T.C.D. on May 31, 2000  
and proposed to become effective July 30, 2000 will  
increase N.T.C.D.'s annual revenue by approximately  
25,892,000 per year

5. **RELIEF**

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

To request to investigate the proposed  
tariffs.

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 Joyce Loutenbier, 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).

Joyce Loutenbier (Signature) 7/17/2006 (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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0048

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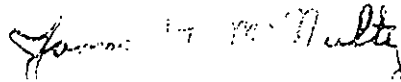
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061493C0049 ALLAN WATSON

RECEIVED  
2006 JUL 21 11:09:42  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name ALLAN WATSON

ORIGINAL

Street/P.O. Box 34 SIXTH ST. Apt # \_\_\_\_\_

City YOUNGSVILLE State PA. Zip 16371

County WARREN

Area Code/HOME Phone 814 563-9235

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 5320948 - 06  
(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: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

44

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.

SUPPLEMENT NO. 41 TO TARIFF GAS PA. P.U.C. NO. 9 FILED BY NATIONAL  
GAS DISTRIBUTION CORPORATION ON MAY 31, 2006 AND PROPOSED TO BECOME  
EFFECTIVE JULY 30, 2006 WOULD INCREASE NEGD'S ANNUAL REVENUES BY  
APPROXIMATELY \$25,892,000 PER YEAR.

5. **RELIEF**

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

THE P.U.C. SHOULD DENY AND INVESTIGATE THE PROPOSED TARIFF.

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 Allan Watson, 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).

Allan Watson  
(Signature)

7-16-06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0049

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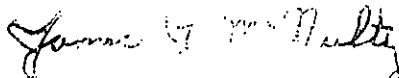
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061493C0050 Michael Shanshala

RECEIVED

2006 JUL 24 PM 3:14

SECRETARY BUREAU

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name MICHAEL S. SHANSHALA

Street/P.O. Box 100 MOHAWK AVE Apt #

City WARREN State PA Zip 16365

County WARREN

Area Code/HOME Phone 814-723-1170

Area Code/WORK Phone N/A

Utility Account Number (from your bill) 3297973-08

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

DOCUMENT FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL GAS

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER (taxi, moving company, limousine)

DOCKETED AUG 1 2006

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.

*SUPPLEMENT No 61 TO TARIFF GAS - PA, P.U.C. No. 9 FILED BY NATIONAL FUEL GAS DISTRIBUTION CORP. (NFGD) ON 5.31.06, AND PROPOSED TO BECOME EFFECTIVE 7.30.06 WOULD INCREASE THEIR ANNUAL REVENUE BY SOME \$ 25,892,000 PER YEAR. THIS IS OUTLANDISH. I'm AN NFG STOCKHOLDER AND THEIR ANNUAL REPORT DOES NOT REFLECT A NEED FOR A 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.

*THE PA P.U.C. SHOULD INVESTIGATE AND REJECT THE NFG RATE INCREASE REQUEST. THEIR LOGIC AND PREMISE IN THIS MATTER IS FAULTY.*

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 MICHAEL J SHANSHALA, 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).

Michael J Shanshala 7.20.06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0050

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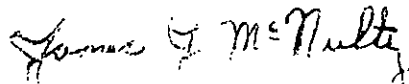
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0051 Marjorie Jane Harmon

1. CUSTOMER NAME (COMPLAINANT)

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

Name MARJORIE JANE HARMON

Street/P.O. Box 3110 GREELEY AVE. Apt #

City ERIE State PA Zip 16506

County ERIE

Area Code/HOME Phone 814-835-4857

Area Code/WORK Phone

Utility Account Number 5564881-09 (from your bill)

RECEIVED 2006 JUL 24 AM 9:58 SECRETARY TREASURY

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 DOCUMENT ORIGINAL FOLDER City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATION FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE (local, long distance)

DOCKETED AUG 1 2006

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.

*Reduce the Rates. I live alone & keep my thermostat at 65° now & wear heavy clothing. I have arthritis (83 yrs. old) & being cold isn't healthy.*

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 MARJORIE J. HARMON, 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).

Marjorie J. Harmon  
(Signature)

July 20, 2006  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0051

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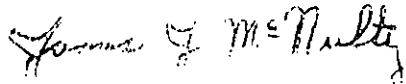
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0052 Treva M Carlson

1. CUSTOMER NAME (COMPLAINANT)

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

Name Treva M. Carlson

Street/P.O. Box 6 RR St. Box 112 Apt #

City Clarendon State Pa Zip 16313

County Warren

Area Code/HOME Phone (814) 723-5837

Area Code/WORK Phone

Utility Account Number (from your bill) 3071859-07

RECEIVED 2006 JUL 24 AM 9:56 SECRETARY BUREAU

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

Name DOCUMENT

Street/P.O. Box FOLDER ORIGINAL

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance) 1-800-365-3234

DOCKETED AUG 1 2006

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.

*Supplement; No. 61 To Tariff Gas - Pa, P.U.C. No 9.  
filed by National Fuel Gas Distribution Corporation  
(N.F.G.D.) on May 31st 2006 and proposed to become  
effective July 30<sup>th</sup> 2006 would increase N.F.G.D.'S  
Annual Revenue by approximately \$125,892,000  
per year.*

5. **RELIEF**

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

- A. I want Pa. P.U.C. to investigate and suspend the proposed increase.*
- B. I want the P.U.C. to deny increase.*
- C. P.U.C. to hold public meeting in Warren, Pa in the evening.*

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 Truwa M. Carlson, 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).

Truwa M. Carlson  
(Signature)

7-20-06  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0052

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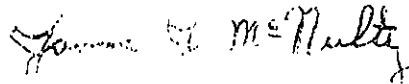
Dear Sir/Madam:

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

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**  
AUG 1 2006

(SEAL)

Certified Mail  
Return Receipt Requested

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0053 James J Phillips

1. CUSTOMER NAME (COMPLAINANT)

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

Name James J. Phillips

Street/P.O. Box R.R. 2 Box 40 Apt #

City Pittsfield State Pa Zip 16340

County WARREN

Area Code/HOME Phone 814-563-9505

Area Code/WORK Phone same

Utility Account Number (from your bill) 3407769-03

DOCUMENT ORIGINAL 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

RECEIVED JUL 24 2006 PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

DOCKETED AUG 1 2006

15

**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 J. Phillips, 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).

James J. Phillips  
(Signature)

\_\_\_\_\_  
(Date)

I don't understand why National Fuel's commodity rate is 80% to 100% more than the New York Stock Market price.

	National Fuel's	N. Y. Stock Market
1. Jan.	\$13.515	\$8.80
2. Feb.	\$13.1427	\$7.25
3. Mar.	\$12.7413	\$7.14
4. Apr.	\$12.7413	\$6.68
5. May	\$12.7413	\$6.25
6. June	\$12.7413	\$5.88

*James J. Phillips*

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0053

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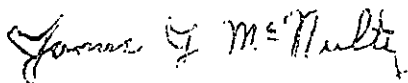
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0054 Lillian Peters

1. CUSTOMER NAME (COMPLAINANT)

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

Name Lillian Peters

Street/P.O. Box 576 Walnut St Apt # \_\_\_\_\_

City Meadville State PA Zip 16335

County Crawford

Area Code/HOME Phone 814-724-4582

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number \_\_\_\_\_  
(from your bill)

SECRETARY  
2006 JUL 24 AM 9:40  
REC'D

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: \_\_\_\_\_

DOCKETED  
AUG 1 2006

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. Supplement No. 61 to tariff gas - PA. P.U.C. No. 9. filed by NATIONAL Fuel Gas Distribution Corporation (NFGD) on May 31, 2006 and proposed to become effective July 30, 2006 would increase NFGD's ANNUAL REVENUES by approximately \$25,892,000. per year

5. **RELIEF**

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

- A. WANT the P.U.C. to suspend and investigate the proposed tariff Deny the increase.
- B. Hold public hearing in Meadville, PA
- C. Deny the "enhanced energy efficiency" increase  
A.K.A. surcharge
- D. Please do not penalize the customers for conserving energy as requested.

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 Lillian Peters, 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).

Lillian Peters  
(Signature)

7-21-07  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

**DOCKETED**  
AUG 1 2006

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0054

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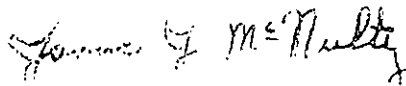
Dear Sir/Madam:

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

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

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0055 Margaret Crick

1. CUSTOMER NAME (COMPLAINANT)

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

Name MARGARET CRICK (Mrs John Crick)

Street/P.O. Box 580 Walnut St Apt #

City Meadville State PA Zip 16335

County Crawford

Area Code/HOME Phone 814-336-1398

Area Code/WORK Phone

Utility Account Number 317847603 (from your bill)

RECEIVED 2006 JUL 24 AM 9:00 SECRETARY

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 ORIGINAL

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL Fuel Gas Distribution Corporation

3. TYPE OF UTILITY (check one)

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

DOCKETED AUG 1 2006

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.

Supplement No. 61 to tariff gas - P.U.C. No. 9.  
filed by NATIONAL Fuel Gas Distribution Corporation (NFGD)  
on May 31, 2006 and proposed to become effective July 30,  
2006. Would increase NFGD's annual revenues by  
approximately \$25,892,000 per year

5. **RELIEF**

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

- A. Want the P.U.C. to suspend and investigate the proposed tariff. Deny the increase.
- B. Hold public hearing Meadville, Pa.
- C. Deny the "enhanced energy efficiency" increase  
A.K.A. surcharge.
- D. Please do not penalize the customers for  
conserving energy as we were requested.

**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 MARGARET CRICK (Mrs John Crick) 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).

Margaret D. Crick  
(Signature)  
(Mrs John Crick)

July 21, 2006  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0055

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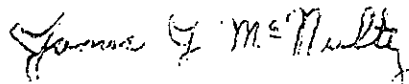
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

DOCUMENT FOLDER

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Rod Hoffman

Street/P.O. Box 218 CAMPON ST Apt #

City Warren State PA Zip 16765

County Warren

Area Code/HOME Phone 814-726-1825

Area Code/WORK Phone 814-726-4160

Utility Account Number (from your bill)

RECEIVED SECRETARY GENERAL 2006 JUL 24 AM 9:45

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: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER (taxi, moving company, limousine)

TELEPHONE (local, long distance)

DOCKETED AUG 1 2006

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.

Supplement No. 61 to tariff gas - PA PUC No 9  
by NFGD on May 30, 2006 to be proposed to become  
eff. July 30, 2006 would increase NFGD's annual  
revenue by about \$25,892,000 per year

5. **RELIEF**

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

Look into 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 Paul Hoffman, 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).

Paul Hoffman  
(Signature)

7/24/06  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0056

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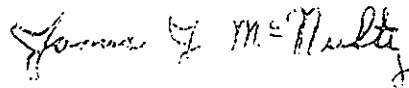
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint

R-00061493C0057 Lee E Bryan

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name LEE E. BRYAN

Street/P.O. Box PO Box 204 Apt #

City YOUNGSVILLE State PA Zip 16371

County WARREN

Area Code/HOME Phone 724-563-7030

Area Code/WORK Phone 724-651-8279

Utility Account Number (from your bill) 6074056-06

RECEIVED 2006 JUL 24 AM 9:45 SECRETARY BUREAU

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

Name LEE E. BRYAN

Street/P.O. Box 332 COLLEGE AVE

City YOUNGSVILLE State PA Zip 16371

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

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

DOCUMENT FOLDER

DOCKETED 4 AUG 1 2006

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.

*HOW CAN A UTILITY ADD A SURCHARGE FOR NOT USING ENOUGH GAS? LET THEM REDUCE THEIR EXPENSES AS ANY GOOD COMPANY WOULD DO.*

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 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 Lee E. Bryan, 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).

Lee E. Bryan  
(Signature)

July 14, 2006  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0057

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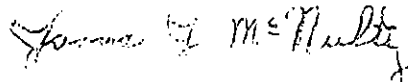
Dear Sir/Madam:

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

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**  
AUG 1 2006

Formal Complaint Form

Please print or type.

R-00061493C0058 John A Crick

1. CUSTOMER NAME (COMPLAINANT)

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

Name John A Crick

Street/P.O. Box 20410 Blooming Valley Rd Apt #

City Meadville State PA Zip 16335

County Crawford

Area Code/HOME Phone 814 337 0312

Area Code/WORK Phone 814 337 6077

Utility Account Number 4316213-04 (from your bill)

RECEIVED 2006 JUL 24 AM 9:44 SECRETARY 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: National Fuel Gas

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER (taxi, moving company, limousine)

DOCKETED AUG 1 2006

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.

Supplement No. 61 to Tariff Gas - PA. P.U.C. No. 9  
filed by NATIONAL Fuel Gas Distribution Corporation (NFGD)  
on May 31, 2006 and proposed to become effective  
July 30, 2006. Would increase NFGD's annual  
Revenues by approximately \$25,892,000 per year

5. **RELIEF**

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

A. WANT the P.U.C. to suspend and investigate  
the proposed tariff - Deny the increase

B. Hold public hearing in Meadville, PA

C. Deny the "enhanced energy efficiency"  
increase. A.K.A. surcharge

D. Please do not penalize the customer for  
conserving energy as requested.

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 A Crick, 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 A Crick  
(Signature)

7/21/06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0058

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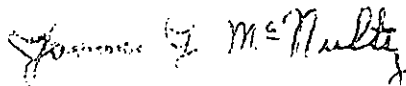
Dear Sir/Madam:

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

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**  
AUG 1 2006

ORIGINAL

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0059 Carolyn Patterson

1. CUSTOMER NAME (COMPLAINANT)

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

Name CAROLYN PATTERSON

Street/P.O. Box 312 PATTLN Apt #

City PITTSFIELD State PA Zip 16340

County WYDAREW

Area Code/HOME Phone 814 563 4985

Area Code/WORK Phone 814 563 4985

Utility Account Number (from your bill) 5864762-07

RECEIVED 2006 JUL 24 AM 9:33 SECRETARY 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:

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER (taxi, moving company, limousine)

DOCKETED AUG 1 2006

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 complaint is Supplement No 61 - to Tariff  
Gas in Pa. PUC 4509 filed by National Fuel  
Distribution Corp. May 31 2006 and  
will be effective July 30 2006

5. RELIEF

this bill give them 25892000 Per  
year for nothing

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

they should deny and investigate  
The proposed Tariff  
this is way out of Line

Carolyn Patterson

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0059

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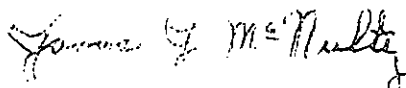
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0060 George E McCallum

1. CUSTOMER NAME (COMPLAINANT)

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

Name GEORGE E. MCCALLUM

Street/P.O. Box 3733 West 14th Street Apt #

City Erie State PA Zip 16505-3508

County Erie

Area Code/HOME Phone (814) 838-1410

Area Code/WORK Phone

Utility Account Number 3403037-09 (from your bill)

RECEIVED 2006 JUL 24 AM 9:34 SECRETARY 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 ORIGINAL

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

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

DOCKETED AUG 1 2006

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.

It is absolutely unconscionable that a surcharge should be imposed because customers, in response to conservation appeals, are using less product. Adding insult to injury, it is reported that a part of the attendant revenue will be used to compensate National Fuel for losses from deadbeat (non-paying) customers!

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 the Public Utility Commission to deny National Fuel Gas' petition for the rate increase or, if granted, to mandate an equivalent or greater rebate to customers should gas consumption later 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 George E(ward) McCallum, 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 E. McCallum  
(Signature)

JULY 20, 2006  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0060

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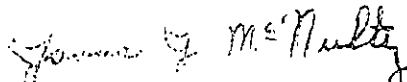
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0061 Thomas Schwanke

1. CUSTOMER NAME (COMPLAINANT)

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

Name Thomas Schwanke

Street/P.O. Box RD2 Box 347 Apt # \_\_\_\_\_

City Pittsfield State PA. Zip 16340

County WARREN

Area Code/HOME Phone 814 563 7384

Area Code/WORK Phone 814 563 7384

Utility Account Number 3334370-05  
(from your bill)

RECEIVED  
2006 JUL 24 AM 9:35  
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 \_\_\_\_\_

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

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 COMPLAINT IS SUPPLEMENT NO 61 - TO TARIFF  
GAS IN PA, PUC NO 9 FILLED BY NATIONAL  
FUEL GAS DISTRIBUTION CORP MAY 31 2006 AND  
WILL BE EFFECTIVE JULY 30 2006.  
THIS WILL GIVE THEM 25 892 000 PER YEAR  
FOR NOTHING IT IS A JOKE

5. RELIEF

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

They should deny AND INVESTIGATE  
THE PROPOSED TARIFF

THIS COMPANY IS WAY OUT OF LINE

WE PAY TOO MANY CHARGES THAT  
ARE OF NO GOOD TO US,

Thomas Schwabe

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 Thomas B Schwanke 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).

Thomas Schwanke (Signature) July 26 (Date)

2005 JUN 21 11:19:33

**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 <i>C/O Dawn Imes</i>	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 <sup>nd</sup> 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.**

SECRETARY'S BUREAU  
2006 JUL 31 AM 9:28

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

JULY 31, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0061

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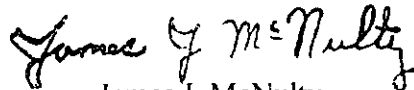
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

R-00061493C0062 Craig L Williams

RECEIVED  
2005 JUL 24 AM 9:55  
SECRETARY GENERAL

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Craig L. Williams

Street/P.O. Box 8 Rollins St. Apt # \_\_\_\_\_

City WARREN State Pa Zip 16365

County WARREN

Area Code/HOME Phone NONE

Area Code/WORK Phone 814 726 3150

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 \_\_\_\_\_

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas Distribution Corporation

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

5

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.

Supplement no. 61 to TARIFF GAS and Penna. PUC,  
NO. 9 filed by National Fuel Gas Distribution Corporation (NFGD).  
on MAY 31<sup>ST</sup>, 2006, and proposed to become effective on July 30,  
2006, would increase NFGD's Annual Revenues by approximately  
\$ 25,892,000 PER YEAR.

5. RELIEF

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

Penna PUC to suspend and investigate proposed tariff  
OR

Penna PUC to deny proposed increase  
OR

Penna PUC to suspend proposed surcharge  
and

Penna PUC to hold a hearing in WARREN.

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 CRAIG L. 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).

Craig L. Williams  
(Signature)

7-19-06  
(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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0062

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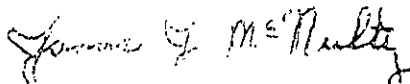
Dear Sir/Madam:

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

**DOCKETED**  
AUG 1 2006

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED  
AUG 1 2006 11:51

Please print or type.

R-00061493C0063 Carol M Chandler

1. CUSTOMER NAME (C

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

Name CAROL M CHANDLER

Street/P.O. Box 408 MARKET Apt # \_\_\_\_\_

City WARREN State PA Zip 16363

County WARREN

Area Code/HOME Phone (814) 726-3773

Area Code/WORK Phone N/A

DOCUMENT FOLDER

Utility Account Number Bill is sent to ANNE Fitzgerald  
(from your bill) (daughter) in Syracuse, NY

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: Natl Fuel Gas Inst

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

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.

Supplement to 61 to tariff gas & PA PUC No 9 filed  
by Nat'l fuel gas dist corp on 5-31-06 & proposed to  
become effective on 7-30-06 would increase NFG's  
annual revenues by approx \$ 25,892,000 a year

5. RELIEF

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

PA PUC to suspend & investigate proposed tariff  
or  
PUC to deny proposed increase  
or  
PUC to suspend proposed surcharge  
+  
PUC to hold a hearing on wovon

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).

Chal m chaudh  
(Signature)

7-20-06  
(Date)

**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 <sup>nd</sup> 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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0063

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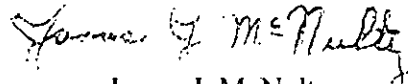
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

R-00061493C0064 Frederick C Kerr

1. CUSTOMER NAME (COMPLAINANT)

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

Name Frederick C. Kerr

Street/P.O. Box 32 Gibson St. Apt # \_\_\_\_\_

City Warren State Penna Zip 16365

County Warren

Area Code/HOME Phone 814 (723-6379)

Area Code/WORK Phone None

Utility Account Number 10257133 001 000 8  
(from your bill)

RECEIVED  
2006 JUL 24 AM 9:30  
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 \_\_\_\_\_

DOCUMENT  
FOLDER

ORIGINAL

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Columbia Gas of Penna.

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

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.

*Supplement No 61 to tariff gas and Penna P.U.C. no 9 filed by Nat Fuel Gas Distribution Corporation (NFGD) on May 31st, 2006 and prepared to become effective on July 30, 2006, would increase NFGD's annual revenues by approximately \$25,892,000 per year.*

**5. RELIEF**

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

*Penna PUC to deny proposed 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 Frederick C. Kerr, 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).

Frederick C. Kerr  
(Signature)

8/21/06  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0064

---

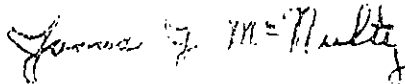
Dear Sir/Madam:

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

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**  
AUG 1 2006

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0064

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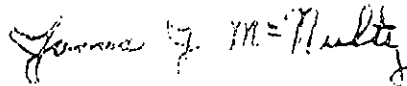
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED  
2005 JUL 24 AM 9:49  
SECRETARY'S OFFICE

Please print or type.

R-00061493C0065 Patricia Chriscaden

1. CUSTOMER NAME (COMPLAINANT)

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

Name Patricia Chriscaden  
Street/P.O. Box 246 West Main St. Apt #  
City Youngsville State PennA. Zip 16371  
County WARREN  
Area Code/HOME Phone (814) 563-4741  
Area Code/WORK Phone \_\_\_\_\_  
Utility Account Number 6097552-11  
(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 \_\_\_\_\_~~

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Nation Fuel Gas

3. TYPE OF UTILITY (check one)

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

DOCKETED  
AUG 1 2006

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.

Supplement NO:61 To Tariff GAS - PA. PVC No.9 Filed  
By NATIONAL FUEL GAS Distribution Corporation (NFGD) on  
MAY 31, 2006 & Proposed To become Effective July 30, 2006  
would increase NFGD's Annual Revenues by approximately  
\$ 25,892,000 per year.

5. **RELIEF**

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

A. The P.A. P.U.C. should Deny & investigate The  
Proposed Tariff

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 Patricia Chriscaden, 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).

Patricia Chriscaden  
(Signature)

July 17, 2006  
(Date)

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0065

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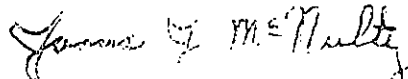
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED  
2005 JUL 24 AM 9:31  
SECRETARY'S BUREAU

Please print or type.

R-00061493C0066 Doris B Lake

1. CUSTOMER NAME

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

Name DORIS B. LAKE  
Street/P.O. Box R.D.#2 Box 351 Apt # \_\_\_\_\_  
City Pittsfield State PA. Zip 16340  
County WARREN  
Area Code/HOME Phone 814-563-9406  
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 \_\_\_\_\_

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: \_\_\_\_\_

3. TYPE OF UTILITY (check one)

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

DOCKETED  
AUG 1 2006

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 a rate increase for less usage of Natural Fuel Gas is very unfair and unjustified.*

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 let National Fuel Gas raise rates again.*

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 Doris B. LAKE, 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).

Doris B. Lake  
(Signature)

July 18, 2006  
(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 <sup>nd</sup> 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.**

*Sec.  
Pa. P.U.C.  
Box 3265  
Harrisburg, Pa. 17105*

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

JULY 24, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0066

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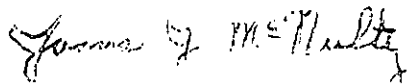
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0067 Katherine L Smith

SECRETARY OF REVENUE BUREAU

2006 JUL 26 AM 9:32

RECEIVED

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name KATHERINE L. SMITH (MRS. DAVID A. SMITH, (DECEASED))

Street/P.O. Box 8 BEATY COURT Apt # —

City WARREN State PENNA. Zip 16365

County WARREN

Area Code/HOME Phone (814) 723-5829

Area Code/WORK Phone — — —

Utility Account Number 3445857-03  
(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 \_\_\_\_\_

DOCUMENT FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

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.

Supplement No. 61 to Tariff Gas - Pa. P.U.C. No. 9, filed by National Fuel Gas Distribution Corporation (NFSD) on May 31, 2006, and proposed to become effective July 30, 2006, would increase NFSD's annual revenue by approximately \$26,842,000 per year.

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 deny the proposed rate increase requested by National Fuel. My gas bill exceeds that of my other utilities. With all of the other utilities increasing their rates, it is becoming more difficult to meet all these expenses.

**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 KATHERINE L. 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).

Katherine L. Smith  
(Signature)

7/19/06  
(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 <sup>nd</sup> 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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0067

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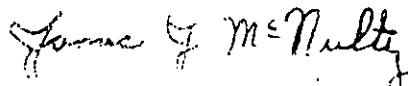
Dear Sir/Madam:

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

**DOCKETED**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0068 Joyce A Stevens

RECEIVED  
2006 JUL 26 AM 9:41  
SECRETARY BUREAU

DOCUMENT  
FOLDER

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Joyce A Stevens

Street/P.O. Box 667 Hickory St Apt # \_\_\_\_\_

City Meadville State PA Zip 16335

County Chaw Ford

Area Code/HOME Phone 814 336 3454

Area Code/WORK Phone 814 336 4000

Utility Account Number 3251311-09  
(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: National Fuel Gas

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

DOCKETED  
AUG 1 2006

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 want the company to reconsider the proposed increase for using low amounts of gas - I Do not want to be charged for conserving.

5. RELIEF

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

Reconsider the surcharge.



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 <sup>nd</sup> 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.**

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 <sup>nd</sup> 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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0068

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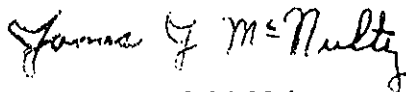
Dear Sir/Madam:

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

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**  
AUG 1 2006

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0069 Earl L Huckleberry

RECEIVED

2005 JUL 26 AM 9:16

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 EARL L. HUCKLEBERRY DOCUMENT FOLDER

Street/P.O. Box 450 WATER ST. P.O. BOX 181 Apt # \_\_\_\_\_

City SARGERTOWN State PA. Zip 16433

County CRAWFORD ORIGINAL

Area Code/HOME Phone 814-763-1167

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 3728951-09 NATIONAL FUEL GAS  
(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: NATIONAL FUEL GAS

3. TYPE OF UTILITY (check one)

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

DOCKETED AUG 1 2006

26

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase. *OR SURCHARGE*
- 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.

*Why should I be penalized for saving gas - I AM SENIOR CITIZEN ON A FIXED INCOME AND I AM ON BALANCED BILLING AND WITHOUT HEAT IN SUMMER MONTHS, I AM PAYING \$170000 A MONTH. WHY SHOULD I PAY A SURCHARGE FOR SAVING GAS.*

5. RELIEF

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

*I THINK SOMEONE'S HAD BETTER START USING THEIR HEADS. SENIOR CITIZENS IN MY AREA ARE ALL IN A HELL-OF-A-BIND AND ARE LOSING OR GIVING UP THEIR HOMES. IS THIS THE COMMISSION'S PLAN.*

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 EARL HUCKLEBERRY, 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).

Earl H. Huckleberry (Signature)      07-19-06 (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 R. CHARLES THOMAS  
Street 935 MARKET ST.  
City MEADVILLE State PA. Zip 16335  
Area Code/Phone Number 814-337-6000

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 <sup>nd</sup> 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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0069

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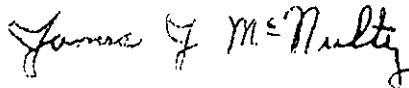
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0070 Patty Gern

RECEIVED  
2006 JUL 26 AM 9:21  
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 Patty Gern

Street/P.O. Box 15 Leslie Blvd Apt # \_\_\_\_\_

City Warren State PA Zip 16365

County Warren

Area Code/HOME Phone 814-723-7977

Area Code/WORK Phone 814-723-7977

Utility Account Number 3369937-02  
(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 \_\_\_\_\_

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL Fuel GAS

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

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.

Supplement; No. 61 To Tariff GAS - PA P.U.C. No. 9  
Filed by NATIONAL FUEL GAS Distribution Corporation  
(NFGD) on May 31<sup>st</sup> 2006 and proposed to become  
effective July 30<sup>th</sup> 2006 would increase NFGD's Annual  
Revenues by approximately \$125,892,000 per year.

5. **RELIEF**

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

- A. I WANT PA. PUC TO INVESTIGATE AND SUSPEND  
THE PROPOSED INCREASE.
- B. I WANT THE PUC TO DENY INCREASE
- C. P.U.C. TO HOLD A PUBLIC HEARING IN WARREN, PA  
IN THE EVENING.

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 Patricia Bern, 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).

Patricia Bern  
(Signature)

7/17/06  
(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 <sup>nd</sup> 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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0070

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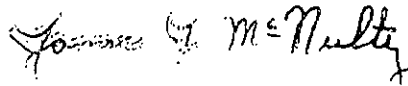
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0071 Adelina L Pitner

RECEIVED  
2006 JUL 26 AM 9:21  
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 ADELINA L PITNER

Street/P.O. Box BOX 117- R.D #3 Apt # \_\_\_\_\_

City SUGAR GROVE State PA Zip 16350

County WARREN

Area Code/HOME Phone 814-489-3779

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 5969919-01  
(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 \_\_\_\_\_

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT) NATIONAL FUEL GAS DIST. CORP.

Name of utility company your complaint concerns: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

he

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.

*Supplement #61 to tariff gas & Penna P.U.C. #9 filed by WFGD on May 31<sup>st</sup> 06 & proposed to become effective on July 30, 06, would increase WFGD's annual revenues by approximately 25,892,000 per year.*

5. RELIEF

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

*PENNA P.U.C. TO suspend & investigate proposed tariff & to deny proposed 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 ADELINA L. PITDOR, 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).

Adelina L. Pitdor  
(Signature)

7/25/06  
(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 <sup>nd</sup> 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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0071

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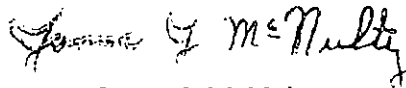
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0072 William C Smith

RECEIVED  
2005 JUL 26 AM 9:22  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name WILLIAM C. SMITH

Street/P.O. Box 8660 EDINBORO RD. Apt # \_\_\_\_\_

City MC KEAN State PA Zip 16426-1340

County ERIE

Area Code/HOME Phone 814-476-7571

Area Code/WORK Phone RETIRED

Utility Account Number 3146503-10  
(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 \_\_\_\_\_

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL DIST. CO.

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

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.

*We do not want the surcharge because we are retired and live on social security only. Our gas bills have been high in the past. We conserved heat the best we could without getting sick. If you sneak this surcharge through every other utility company will do the same thing.*

5. RELIEF

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

*Work with the people for a change. Thank you.*

**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 WILLIAM C. 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).

William C. Smith  
(Signature)

July 24, 2006  
(Date)

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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0072

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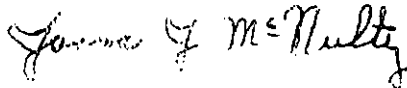
Dear Sir/Madam:

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

**DOCKETED**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0073 Esther Slaughenhaupt

RECEIVED  
2006 JUL 26 AM 9:23  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Esther Slaughenhaupt  
Street/P.O. Box 6 Wailer Rd. Apt # \_\_\_\_\_  
City Warren State PA Zip 16365  
County Warren  
Area Code/HOME Phone 814-726-2821  
Area Code/WORK Phone \_\_\_\_\_  
Utility Account Number 16840177 001 0007  
(from your bill)

DOCUMENT  
FOLDER

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: National Fuel Gas Distribution Corporation

3. TYPE OF UTILITY (check one)

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

DOCKETED  
AUG 1 2006

22

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.

Supplement no. 61 to tariff gas and Penna. P.U.C. no. 9 filed by National Fuel Gas Distribution Corporation (NFGD) on May 31, 2006, and proposed to become effective on July 30, 2006, would increase NFGD's annual revenues by approximately \$25,892,000 per year.

5. RELIEF

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

Penna P.U.C. to deny proposed 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 Esther Slaughterhoyt, 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).

Esther Slaughterhoyt  
(Signature)

7/23/06  
(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 <sup>nd</sup> 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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0073

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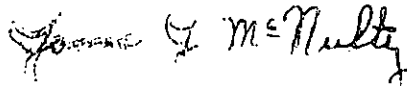
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0074 Valentine Condio

RECEIVED  
2006 JUL 26 AM 9:23  
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 VALENTINE CONDIO

Street/P.O. Box 100 LIBERTY ST. EXT Apt # \_\_\_\_\_

City RUSSELL State PA Zip 16345

County WARREN

Area Code/HOME Phone 814 757 1418

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 4554803-10  
(from your bill)

ORIGINAL

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

DOCUMENT FOLDER

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL GAS DISTRIBUTION CORPORATION

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

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.

SUPPLEMENT NO. 61 TO TARIFF GAS AND  
P.U.C. NO 9 FILED BY NATIONAL FUEL GAS  
CORPORATION (NFGD) ON MAY 31, 2006 AND  
PROPOSED TO BECOME EFFECTIVE ON  
JULY 30, 2006 WOULD INCREASE NFGD'S  
ANNUAL REVENUES BY APPROXIMATELY \$25,892,000

5. RELIEF PER YEAR

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

STOP TRYING TO PENALIZE PEOPLE  
FOR CONSERVING OUR NATIONAL  
RESOURCES

PENNA P.U.C. TO ~~REJECT~~ DENY  
PROPOSED SURCHARGE 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 VALENTINE CONDIO, 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).

Valentine Condio  
(Signature)

JULY 21, 2006  
(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 <sup>nd</sup> 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

July 26, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0074

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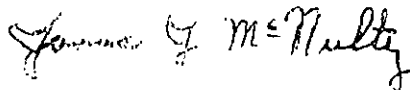
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0075 Peter J Scotch

RECEIVED  
2006 JUL 27 AM 8:36  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Peter J Scotch

Street/P.O. Box 742 Main St Apt # \_\_\_\_\_

City Duke Center State PA Zip 16729

County McKean

Area Code/HOME Phone (814) 966-3368

Area Code/WORK Phone ++

Utility Account Number 4755282-04  
(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 N/A

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

ORIGINAL

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 am trying to conserve gas to reduce my my fuel bill. Why should I paid a 125% increase in my gas bill for doing this. I am on \$\$ and a small fixed portion and can not pay such a large increase.

5. **RELIEF**

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

Vote no on this increase.

6. PROTECTION FROM ABUSE

N/A

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 Peter J. Scotch, 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).

Peter J. Scotch  
(Signature)

July 21, '06  
(Date)

9. **LEGAL REPRESENTATION (IF ANY)** N/A

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 <sup>nd</sup> 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.**

# Petition

We, the undersigned, petition National Fuel Gas Corporation to withdraw the current rate increase proposal from consideration before the PA Public Utility Commission. In the event that National Fuel Gas Corporation refuses to withdraw this rate increase proposal we the undersigned strongly urge the Pennsylvania Public Utility Commission to reject this proposal.

Name	Address
K. P. Kalle	61 Grant St Duke Center Pa
Daniel N. MacKinn	75 GRANT ST. DUKE CENTER PA.
Deborah McKinney	76 Grant St Duke Center PA
Janelle Dexter	54 Grant St. Duke Center, Pa.
Shawn Vanicula	46 Grant St. Duke Center, Pa.
Billmachers	743 main st Duke Center, Pa.
Michael W. Dordick	739 Main St Duke Center 16729
Michael J. Stoddard	116 Switzer Drive. Duke Center 16729
Kerrie Pessia	16 Grant St. Duke Center Pa 16729
Ruth Brewer	713 Main St. Duke Center PA 16729
Cynthia D. Gardner	823 Main St. Duke Center PA 16729
Karen Jeannette	229 Kansas Blvd. Duke Center, Pa. 16729
Mr. D. Hartfield	10 Columbia Hill Ridgely Pa 16745
Janet Stead	808 main st Duke Center Pa 16729
Karen Wolfe	691 main Duke Center, PA. 16728

# Petition

We, the undersigned, petition National Fuel Gas Corporation to withdraw the current rate increase proposal from consideration before the PA Public Utility Commission. In the event that National Fuel Gas Corporation refuses to withdraw this rate increase proposal we the undersigned strongly urge the Pennsylvania Public Utility Commission to reject this proposal.

Name	Address
Lawrence P. Meacham	755 main Street Duke Center, Pa. 16729
Steve Regis	759 main Street Duke Center, PA
Carleton Regis	761 MAIN ST Duke Center, PA
Shirley Davis	22 Timber Lane, Duke Center, Pa
Judith E. Burt	43 Bungalow Rd Rixford Pa 16745
James L. Minard	1072 Lecker Mt. Trail Rixford 16745
Linda Manning	Duke Center, Pa 16727
Nancy L. Harvey	775 Main St Duke Center PA 16729
Nancy J. Coe	781 main St. Duke Center, Pa. 16729
Jim D. D.	588 main st Duke Center Pa 16729
Scott Brown	610 mains Duke Center PA 16729
Nichole Covert	588 Main St Duke Center Pa 16729
Tom McHenry	477 main st Duke Center PA 16729
Robert E. Brown	786 Main St Duke Center PA 16729
Sam C. Ryan	118 Main St Eldred, PA 16731
Janet Sedwell	789 Main St Duke Center, Pa. 16729
Jane Williams	791 Main St. Duke Center, Pa 16729
Mat Williams	791 main St #2 Duke Center, Pa 16729
Edna M. Williams	795 Main St Duke Center, Pa 16729
Vincent A. Rose	799 main St Duke Center PA 16729

# Petition

We, the undersigned, petition National Fuel Gas Corporation to withdraw the current rate increase proposal from consideration before the PA Public Utility Commission. In the event that National Fuel Gas Corporation refuses to withdraw this rate increase proposal we the undersigned strongly urge the Pennsylvania Public Utility Commission to reject this proposal.

Name	Address		
Tim Murphy	738 MAIN ST DUKE CENTER, PA		
Robert Wood	29 GRANT ST DUKE CENTER		
Jerry Nobler	-		
J.P. Brown	17 Highland St.	"	4
B.B. Little	13 Highland St	"	"
Arnold Wlozof	10 Grant St	"	4
James E. Wlozof	10 GRANT ST	"	"
Brian Wini	758 Main St	"	"
Ann Stacey	766 Main St.	"	"
Lori Nichols	772 Main St.	"	"
Gla Myer	776 MAIN ST.	"	"
Holby Stives	778 Main St	"	"
Gla Pal	757 Main St	"	"
William P. Spitzer	749 MAIN ST.	"	" 16729
Diane L. Carpenter	744 main St	"	" 16729
Donnelly	744 Main St	"	" 16729
Allen F. Murawski	718 Main St.	"	" 16729
Ray K. [unclear]	728 Main St	"	" 16729
P. [unclear]	721 Main St.	"	"
Betty Joannan	708 main St	"	"

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

JULY 27, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0075

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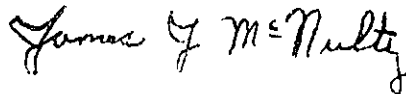
Dear Sir/Madam:

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

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**  
AUG 1 2006

(SEAL)

Certified Mail  
Return Receipt Requested

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0076 Friede S Lundell

RECEIVED  
2005 JUL 27 AM 8:33  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name FRIEDE S. LUNDELL

Street/P.O. Box 1319 Spring Lake Dr Apt # \_\_\_\_\_

City ERIE State PA Zip 16405

County ERIE

Area Code/HOME Phone 814-835-1716

Area Code/WORK Phone 814-866-9500

Utility Account Number 600161411  
(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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

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

ORIGINAL

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.

*The proposed rate increases and surcharges are designed to pad their profit margin and penalize energy conservation. Milk farmer don't surcharge lactose intolerant people.*

5. **RELIEF**

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

*Stricter checks into rate increases and surcharges. Perhaps open the market to another provider. Fuel gas is not related to oil + gas prices. Their profit margin should be checked into realistic economic patterns.*

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

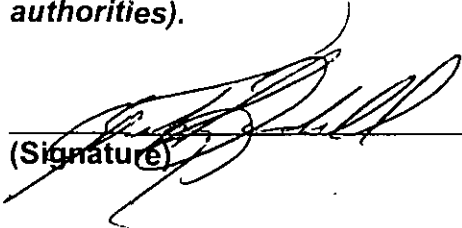
If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

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 FRIEDA S. LUNDSELL, 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)

7/25/06  
(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 <sup>nd</sup> 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

JULY 27, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0076

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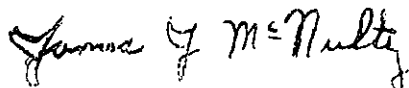
Dear Sir/Madam:

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

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**  
AUG 1 2006

(SEAL)

Certified Mail  
Return Receipt Requested

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0077 James A Shettler

RECEIVED  
2006 JUL 27 AM 8:33  
REGISTRATION SECTION

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name JAMES A Shettler

Street/P.O. Box 100 VAN ETTAN AV. P.O. 219 Apt # \_\_\_\_\_

City Sheffield State Pa Zip 16347

County WARREN

Area Code/HOME Phone 814-968-3414

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 3768934-07  
(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: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

ORIGINAL

ab

**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 \_\_\_\_\_, 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).*

*James A. Shetter*  
\_\_\_\_\_  
(Signature)

*7-25-06*  
\_\_\_\_\_  
(Date)

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

JULY 27, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0077

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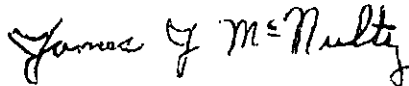
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0078 Frederick J Fried

2006 JUL 27 PM 8:26  
SECRET

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Frederick J. Fried

Street/P.O. Box 3673 Julie Court Apt # \_\_\_\_\_

City Erie State Pa Zip 16506

County Erie

Area Code/HOME Phone 814/836.7804

Area Code/WORK Phone \_\_\_\_\_

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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

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

ORIGINAL

28

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. Surcharge  
(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 complaints are centered around Supplement No. 61 to tariff 925-PA PUC No. 9, filed by National Fuel Gas Distribution Corp. on May 31, 2006 and proposed to be effective by July 30, 2007.

5. **RELIEF**

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

First, deny the proposed price increase. We just received a 40% increase last year and we are having a terrible time keeping costs down.

Secondly, deny the proposed surcharge NFG wants to impose. It is ridiculous to be charged extra because your trying not to use it because it is too expensive.

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 Frederick J. Fried, 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).

Frederick J. Fried  
(Signature)

7.14.06  
(Date)

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

JULY 27, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0078

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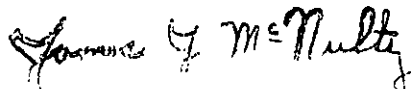
Dear Sir/Madam:

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

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**  
AUG 1 2006

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0079 Christine Lundell

DOCUMENT FOLDER

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Christine M. Lundell

Street/P.O. Box 5829 Albion Rd Apt # \_\_\_\_\_

City Harard State PA Zip 16417

County Gre

Area Code/HOME Phone 1 814 218 3317

Area Code/WORK Phone NA

Utility Account Number \_\_\_\_\_  
(from your bill)

RECEIVED  
2006 JUL 28 AM 8:42  
PA P.U.C.  
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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

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.

They want us to pay them for NOT using gas!

5. RELIEF

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

Quit giving them rate increases for any reason & fire anyone who does

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 Christine M. Lunsdale 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).

Christine M. Lunsdale 7/23/04  
(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 <sup>nd</sup> 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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0079

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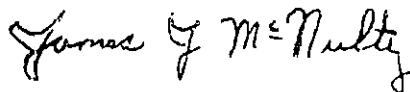
Dear Sir/Madam:

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

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**  
AUG 1 2006

Regarding R-00061493C0079

I am definitely attending the public hearing at the Ambassador in Erie, PA  
Tuesday, August 29, 2006.

Christine Lundell  
5829 Albion Road  
Girard, PA 16417

ORIGINAL

2006 AUG 17 11:19:23

DOCUMENT  
FOLDER

DOCKETED  
SEP 5 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0080 Paul & Cheryl Burton

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Paul & Cheryl Burton

Street/P.O. Box PO Box 4 Apt #

City James City State Pa Zip 16734

County Elk

Area Code/HOME Phone 814-837-6794

Area Code/WORK Phone 814-728-3564

Utility Account Number (from your bill)

RECEIVED 2006 JUL 28 AM 8:43 PA PUBLIC UTILITY SECRETARY'S BUREAU

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

Name DOCUMENT

Street/P.O. Box FOLDER

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

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

ORIGINAL

DOCKETED AUG 1 2006

5

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.

NFB plans to add a surcharge to customers bills who utilize hardly any gas. We have converted to pellet fuel use and use only a minimal amount of gas. We do not believe we should be penalized because we are saving money by utilizing an alternate fuel source especially when it costs so much & they complain about shortages.

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 want the PUC to approved NFB's proposed rate increase that imposes the surcharge fee to customers who use less gas!

**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 Cheryl & Paul Burtan, 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).

Cheryl Burtan Paul Burtan 7-21-06  
(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 <sup>nd</sup> 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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0080

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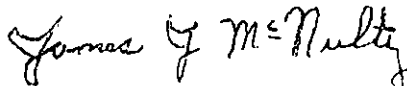
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by Paul & Cheryl Burton.

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0081 Mary F Gallagher

RECEIVED  
2006 JUL 12 AM 9:34  
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 F. GALLAGHER

Street/P.O. Box 423 SUPERIOR AVENUE Apt # \_\_\_\_\_

City ERIE State PA Zip 16505

County ERIE

Area Code/HOME Phone (814) 454-2191

Area Code/WORK Phone -

Utility Account Number 5595398-11 (NATIONAL FUEL GAS)  
(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: NATIONAL FUEL GAS

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  
AUG 1 2006

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.

COMPLAINT IS AGAINST NATIONAL FUEL (PA PUC FOR GRANTING) INCREASES AND PROPOSED SURCHARGES. IT IS AN UPHILL SITUATION TRYING TO KEEP UP WITH MY MONTHLY BILLINGS. I HAVE HAD ALL WINDOWS IN MY HOME REPLACED, DONE VARIOUS INSULATION AND MY BILL HAS REMAINED THE SAME. AND I STILL HAVE TO PAY FOR THE NEW WINDOWS & INSTALLATION. CAN NOT YOU SEE HOW TRYING THIS IS TO A SENIORS LIVING ON A FIXED INCOME. YOU ARE EFFECTIVELY FORCING US TO SELL OUR HOUSES BECAUSE WE CANNOT RELIEF PAY THESE ENORMOUS COST INCREASES. THEN WHERE DO WE GO?

5. RELIEF PAY THESE ENORMOUS COST INCREASES. THEN WHERE DO WE GO?

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 SEE OUR TAKE INTO CONSIDERATION THE MANY PEOPLE LIVING ON FIXED INCOMES WHEN THEY CONSIDER GRANTING INCREASE REQUESTS. FIXED INCOMES COVER MONTHLY EXPENSES IN MOST CASES. THERE IS NO POSSIBILITY OF ANY INCREASE. NATIONAL FUEL SHOULD NOT BE ALLOWED TO PASS ON THEIR "COST OF DOING BUSINESS" WHILE ENJOYING HEALTHY PROFITS. I HAVE REPEATEDLY TRIED TO GET SOME FINANCIAL RELIEF AND ALWAYS AM TURNED DOWN. MY INCOME IS \$1335.00/MONTH. MY MORTGAGE IS \$550. YET I LIVE MONTH TO MONTH WITH VERY TO GO ON AFTER TRANSPORTATION, PATROL, MEDICINE, & FOOD. PERHAPS A HIGHER CAP ON MONTHLY INCOME THAT WOULD ENABLE THOSE IN THIS INCOME RANGE TO EXIST WITHOUT TRAVEL. CONSIDER A LOWER INCOME FAMILY, HAVING HARD ACTUALLY IS LIVING BETTER THAN I, AS I PAY FOR ALL GAS WITH NO HELP

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

2005 JUL 27 11:08 AM

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: MARY GALLAGHER  
Mary Gallagher, 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 Gallagher (Signature) 7/8/06 (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 <sup>nd</sup> 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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0081

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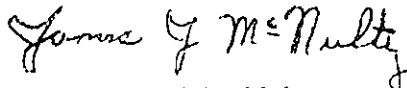
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0082 William Blauscr Jr

R-00061493

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name William Blauscr, Jr.

DOCUMENT FOLDER

Street/P.O. Box 25 E. Main St. P.O. Box 135 Apt # \_\_\_\_\_

City Ludlow State PA Zip 16333

County McKean

Area Code/HOME Phone 814-945-5506

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number \_\_\_\_\_  
(from your bill)

RECEIVED  
2006 JUL 27 AM 9:52  
PA PUC  
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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

ORIGINAL

see 7-28-06  
35

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.

Supplement No. 61 to ~~tariff~~<sup>tariff</sup> gas - PA PUC No. 9 filed by National Fuel Gas Distribution Corp. (NFGD) on May 31, 2006 and proposed to become effective July 30, 2006 would increase NFGD's annual revenues by approximately \$25,892,000 per year

5. **RELIEF**

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

The PUC should suspend and investigate the opposed tariff

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 William Blausen, 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).

William Blausen, Jr

(Signature)

07-24-06

(Date)

BILL BLAUSER NATIONAL FUEL GAS

PO Box 135

USAGE FOR A YEAR

LUDLOW PA 16333

WHY DOES N.F.G. NEED A LOW COST SURCHARGE?

APPROXIMATE  
COST PER CCF

MONTH	CCF USED	COST	APPROXIMATE COST PER CCF
JULY '05	15	\$29.93	\$2.00
AUG '05	20	\$40.34	\$2.02
SEPT '05	17	\$34.11	\$2.00
OCT '05	26	\$48.89	\$1.88
NOV '05	70	\$127.30	\$1.82
DEC '05	140	\$242.75	\$1.73
JAN '06	91	\$161.33	\$1.77
FEB '06	127	\$214.87	\$1.69
MAR '06	92	\$157.04	\$1.71
APR '06	53	\$99.33	\$1.87
MAY '06	24	\$50.10	\$2.08
JUNE '06	13	\$34.46	\$2.65

AS YOU CAN SEE FROM THE ABOVE FIGURES THE LESS GAS USED THE MORE THE COST PER CCF. SO MY FEELING IS I AM ALREADY BEING PENALIZED FOR USING LESS GAS.

N.F.G. NOT BEING HAPPY THEY WANT MORE FROM ME.

I SAY NO! Bill Blause

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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0082

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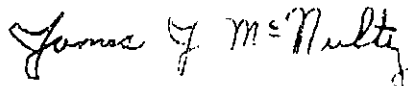
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by William Blausner 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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0083 Gerald W Dorrien

R-00061493

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name GERALD W. DORRIEN

Street/P.O. Box P.O. Box 103 Apt # \_\_\_\_\_

City TIONA State Pa. Zip 16352-0103

County WARREN

Area Code/HOME Phone 814-723-5988

Area Code/WORK Phone Retired

Utility Account Number 3258788-11  
(from your bill)

RECEIVED  
2006 JUL 27 AM 9:52  
PA P.U.C.  
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 \_\_\_\_\_

DOCUMENT  
FOLDER

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

DOCKETED  
AUG 1 2006

see 7-28-06  
34

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.

Supplement NO 61 To Tariff Gas - PA, P.U.R. No. 9 Filed by  
National Fuel Gas Distribution Corporation (NFGD)  
On May 31, 2006 and Proposed To become effective  
July 30, 2006, would increase (NFGD)'S annual  
Revenues by approximately \$25,892,000 per year.

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 stop this increase. If Columbia Gas  
can cut their rates to their customers  
National Fuel Gas should be told to cut  
their rates to their 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 GERALD W. DORRION, 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).

Gerald W. Dorrion  
(Signature)

July 18, 2006  
(Date)

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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0083

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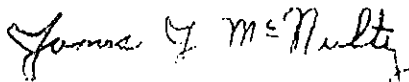
Dear Sir/Madam:

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

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**  
AUG 1 2006

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0084 John W & Judith Cox

2-00061493

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Mr. and Mrs. John W. Cox (Judith)

Street/P.O. Box P.O. Box 47 Apt #

City Ludlow State PA Zip 16333

County McKean

Area Code/HOME Phone (814) 945-6549

Area Code/WORK Phone (814) 837-6080

Utility Account Number 3034193-11 (from your bill)

DOCUMENT FOLDER

PA P.U.C. SECRETARY'S BUREAU

2006 JUL 28 AM 9:52

RECEIVED

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

DOCKETED AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

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

see 7-28-06 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.

Why should we have to pay for something we do not use?  
We are in the process of spending more than \$8,000 to upgrade our furnace in order to further reduce our gas useage. Should we cancel the upgrade?  
Are we to pay for something we do not use in order to pay exorbitant salaries and pensions to National Fuel Gas executives?

Supplement NO.61 to tariff gas-PA. P.U.C. No.9 filed by National Fuel Gas Distribution Corporation (NFGD) on May 31, 2006, and proposed to become effective July 30,2006, would increase NFGD's annual revenues by approximately \$25,892,000 per year. For the residential class, NFGD is proposing a 72% increase from \$12.00

5. **RELIEF**

to \$20.64 per month.

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

Cancel the proposed rate increase

The P.U.C. should suspend and investigate the proposed tariff.

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 W. Cox/Judith L. Cox, 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 W. Cox  
(Signature)

Judith L. Cox

July 19, 2006  
(Date)

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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0084

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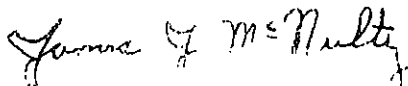
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by John W & Judith Cox.

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0085 Thomas E Grosch

R-00061493

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Thomas E. Grosch

DOCUMENT FOLDER

Street/P.O. Box 38 Poplar Lane Apt #

City Kane State PA Zip 16735

County McKean

Area Code/HOME Phone (814) 837-8193

Area Code/WORK Phone

Utility Account Number (from your bill)

RECEIVED 2006 JUL 21 AM 9:52 PA P.U.C. 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

DOCKETED AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas

3. TYPE OF UTILITY (check one)

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

see 7-28-06 32

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) Supplement No. 61 to traffic gas - PA PUC NO. 9 filed by National Fuel Gas Distribution Corporation (NFGD) on May 31, 2006 and proposed to become effective July 30, 2006 would increase NFGD's annual revenues by approximately \$25,892,000 per year.

(B) For the residential class, NFGD is proposing a 70% increase in the residential customer charge from \$12.00 to \$20.64 per month.

(C) The NFGD filing VOL I exhibit #2 Schedule 2 page 1 shows 7.19% rate of return under present rates and 9.48% rate of return under proposed rates.

5. **RELIEF**

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

(A) The P.U.C. should suspend and investigate the proposed tariff.

(B) Hold an evening public hearing in Warren, PA.

(C) Deny NFGD the following expenses shown in VOL III exhibit 104 Schedule 3 page 1 forecasted for the year ending January 31, 2007: \$841,192 rate case expense; \$605,164 advertising expense; \$204,263 Dues; and any other expenses that are not useful to customers.

(D) Disallow the proposed rider I, "enhanced energy efficiency program cost recovery rider" under which any decline in average usage per account for small volume customer classes would be recovered through annual charges. The fee surcharge rate is a complicated calculation that would make it difficult for customers to figure out their gas bill and customers would actually be penalized for conserving natural gas.

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 Thomas E. Grosch, 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).

Tom Grosch  
(Signature)

07-24-06  
(Date)

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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0085

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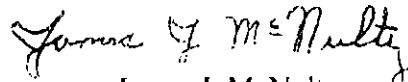
Dear Sir/Madam:

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

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**  
AUG 1 2006

(SEAL)

Certified Mail  
Return Receipt Requested

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0086 Stephen P Merski

DOCUMENT FOLDER

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name STEPHEN P. MERSKI

Street/P.O. Box 4231 HARPING DR. Apt #

City ERIE State PA Zip 16509

County ERIE

Area Code/HOME Phone 814 - 866 - 5991

Area Code/WORK Phone

Utility Account Number 3257186-11  
(from your bill)

PA PUBLIC  
SECRETARY'S BUREAU

2006 JUL 27 AM 9:52

RECEIVED

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

**DOCKETED**  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

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

see 7-28-06  
31

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 THE SURCHARGE BY NATIONAL FUEL. NATIONAL FUEL SHOULD USE THEIR GAS WELLS THEY HAVE IN ERIE COUNTY TO MAKE MORE MONEY INSTEAD OF ~~BUYING~~ BUYING THEIR GAS FROM OTHER DISTRIBUTORS. I AM ON A FIXED INCOME BECAUSE I AM DISABLED AND I TRY TO SAVE GAS BY KEEPING THE THERMOSTAT LOW AND NOW NATIONAL FUEL WANTS TO CHARGE MORE MONEY FOR US SAVING FUEL.

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 CHARGE THE SURCHARGE AND TO USE THE GAS WELLS THEY HAVE IN THE AREA TO HEAT OUR HOMES. THEN WE WOULD NOT HAVE TO HAVE TO PAY THOSE SHIPPING CHARGES. THE GAS COMPANY WOULD SAVE MONEY AND ~~SO~~ SO WOULD WOULD THEIR 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 STEPHEN P. MERSKI, 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).

Stephen P. Merski.  
(Signature)

7-18-06  
(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 <sup>nd</sup> 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.**

**Pennsylvania Public Utility Commission  
Formal Complaint Form  
Instructions**

These instructions will help you fill out each section of the complaint form. Please print or type your answers. Make sure you sign the form and mail it to the address shown in Section 10. Facsimiles and/or electronic filings of the complaint form will not be accepted.

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

Print or type your name, mailing address (this must be the address where you receive your mail), county, phone number, utility account number and service address. Complete the next section if your mailing address is different from the address where you receive utility service. If more than one person is filing the formal complaint, use the name, address, phone number and utility account number of the person who will speak for the group. Also, print "*et al.*" after the name. Attach a sheet of paper with the name, address and signature of any others who are part of the formal complaint.

If the Commission schedules a telephone hearing and we are unable to reach you at your home telephone number, the Commission will call you at work if you list a work telephone number.

2. **Name of utility company your complaint concerns.**

Print the name of the utility company that is the subject of your complaint. This is usually the company that bills you for service. The name of your company is located on your bill.

3. **Type of utility.**

Check the type of utility service listed in Section Three (3) of the form.

4. **What is your complaint?**

A. What kind of problem are you having with the company? Check the box that most accurately describes your complaint. For example, are you filing a complaint about a proposed rate increase? Does your problem involve incorrect charges on your bill? A physical problem with the utility service itself? Did you receive a termination of service notice? Do you want to make a payment agreement?

B. State the facts of your complaint. Try to be "to the point" when describing your complaint. Include any specific dates, times or places that are important to understanding your complaint. If the complaint is about a bill, tell us about any charges you believe are not correct.

5. What do you want the Public Utility Commission to do about your complaint?

Some examples of relief that you might request are:

"I want the PUC to order the company to give me a payment agreement where I will pay my budget amount plus \$50.00 each month until my balance is paid in full."

"I want the PUC to order the company to fix the water leak at the corner of Main and First Streets."

**NOTE:** The PUC can decide that a customer was over billed and can order billing refunds. The PUC can also fine a company for not providing the level of service required by law. You may also file a formal complaint to seek a refund for an over billing or to request that the company be ordered to correct a physical problem with your service.

However, if you want money for injuries or damages to your property, you should file a complaint with your local district justice or the local court of common pleas. Under state law, the PUC cannot decide whether or not companies should pay customers' damage claims.

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

Answer this question by checking "yes" or "no". You are required to answer this question **ONLY** if your complaint is against a natural gas distribution utility, an electric distribution utility or a water distribution utility **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. The Commission needs this information to determine how to process your complaint.

7. Have you spoken to a representative from the utility company about your complaint?

Answer by checking "yes" or "no".

Check "yes" if you are appealing from a BCS determination.

You are required to speak to a company representative about your problem before you file a complaint **ONLY** 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. If your complaint is about other utility service (telephone service, steam heat or waste water) it is recommended that you call the utility about your problem first, but it is not required.

If you check "no" and your complaint is against a natural gas distribution utility, an electric distribution utility or a water distribution utility 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, the Commission cannot accept your complaint and you will be directed to speak to a company representative about your problem before the Commission can accept a complaint from you regarding the same problem.

You do not need to contact the company if your complaint is against a proposed utility rate increase or if you are not a residential service account customer. You do not need to contact the company again if you are filing an appeal from a Bureau of Consumer Services (BCS) determination on an informal complaint.

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

**8. You must sign your complaint.**

In Section Eight (8) of the formal complaint, you **must** print or type your name in the space provided in the verification paragraph and you **must** sign and date your formal complaint form on the lines in this Section. If you do not sign the formal complaint form the Commission will not accept it.

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

If your complaint is about your residential service, you do not need a lawyer. You may represent yourself at the hearing. If naming a lawyer, please make sure the lawyer is aware of your complaint and is representing you in this matter. If you have a lawyer representing you in this matter, you and your lawyer must be present at your hearing.

The Commission requires corporations, associations, partnerships and political subdivisions to have a lawyer at hearing and to file any motions, answers, briefs or other legal pleadings.

**10. 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 <sup>nd</sup> Floor Harrisburg, Pennsylvania 17120
--	--

Keep a copy of your complaint for your records.

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

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

JULY 28, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0086

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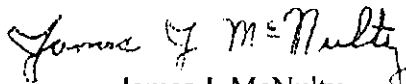
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0087 Theresa Paluh

2005 JUL 31 11 9:33  
RECEIVED

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Theresa Paluh

Street/P.O. Box 714 E 4 St Apt# 2

City Erie State PA Zip 16507-1724

County Erie

Area Code/HOME Phone (814) 455-5083

Area Code/WORK Phone N/A Retired

Utility Account Number 5366254-07  
(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 \_\_\_\_\_

**DOCKETED**  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel Gas Distribution Corporation

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

601

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.

*Supplement No. 61 to Tariff Gas - PA.  
P.U.C. No. 9 filed by National Fuel Gas Distribution  
(NFGD) on May 31, 2006 and proposed to become  
effective July 30, 2006 would increase NFGD's  
annual revenues by approximately \$25,892,000  
per year.*

5. RELIEF

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

- A. *The PA: P. U. C. should suspend and investigate the proposed tariff.*
- B. *Hold an evening public hearing in Erie PA.*
- C. *Disallow proposed "Enhanced Energy Efficiency Program Cost Recovery Rider".*

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 Paluh, 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 Paluh  
(Signature)

7-29-06  
(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 <sup>nd</sup> 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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0087

---

Dear Sir/Madam:

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

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

**DOCKET**

AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0088 Carol & Tony Finotti

RECEIVED  
2006 JUL 31 AM 9:41  
PA P.U.C. BUREAU  
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 CAROL + TONY FINOTTI

Street/P.O. Box 1339 WYNN ST Apt # ---

City ERIE State PA Zip 16502

County ERIE

Area Code/HOME Phone 814-456-7452

Area Code/WORK Phone \_\_\_\_\_

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: NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

60

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.

**SUPPLEMENT NO. 61 TO TARIFF GAS - PA.  
P.U.C. NO. 9 FILED BY NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION (NFGD) ON  
MAY 31, 2006 AND PROPOSED TO BECOME EFFECTIVE  
JULY 30, 2006 WOULD INCREASE NFGD'S ANNUAL  
REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR**

5. RELIEF

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

- A. **THE PA. P.U.C. SHOULD SUSPEND AND INVESTIGATE THE PROPOSED TARIFF,**
- B. **HOLD AN EVENING PUBLIC HEARING IN ERIE, PA.**
- C. **DISALLOW PROPOSED "ENHANCED ENERGY EFFICIENCY PROGRAM COST RECOVERY RIDER"**

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 CAROL FINOTTI 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).

Carol Finotti  
(Signature)

7-28-06  
(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 <sup>nd</sup> 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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0088

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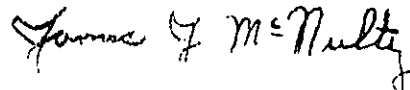
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by Carol & Tony Finotti.

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**  
AUG 1 2006

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0089 Linda McKnight

RECEIVED  
2009 JUL 31 AM 9:11  
PA P.U.S. BUREAU  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Linda McKnight

Street/P.O. Box 1082 W. Washington St Apt # \_\_\_\_\_

City Bradford State PA Zip 16701

County Mckean

Area Code/HOME Phone 814-362-2728

Area Code/WORK Phone 814-362-2590

Utility Account Number 4931422-10  
(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: National Fuel Gas

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

59

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.

National Fuel Gas adding a fee if  
consumption drops is redundant!  
Do I pay ~~for~~ for groceries I don't  
purchase?

5. **RELIEF**

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

Deny this ridiculous attempt to  
fleeced the public.

**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

*NA*

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

*NA*

(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 Lisopa McKnight, 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).

*Lisopa McKnight*  
(Signature)

7/28/06  
(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. ~~NA~~ NA

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 <sup>nd</sup> 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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0089

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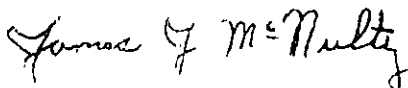
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0090 Florence & Angelo Susi

RECEIVED  
2006 JUL 31 AM 9:41  
SECRETARY'S BUREAU  
PA P.U.C. BUREAU

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Florence Susi (Angelo Susi) Husband

Street/P.O. Box 1134 Kenny Rd Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Area Code/HOME Phone \_\_\_\_\_

Area Code/WORK Phone \_\_\_\_\_

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: NATIONAL FUEL GAS DISTRIBUTION CORPORATION

3. TYPE OF-UTILITY (check one)

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

DOCKETED  
AUG 1 2006

50

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.

**SUPPLEMENT NO. 61 TO TARIFF GAS - PA.  
P.U.C. NO. 9 FILED BY NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION (NFGD) ON  
MAY 31, 2006 AND PROPOSED TO BECOME EFFECTIVE  
JULY 30, 2006 WOULD INCREASE NFGD'S ANNUAL  
REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR**

5. RELIEF

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

**A. THE PA. P.U.C. SHOULD SUSPEND AND  
INVESTIGATE THE PROPOSED TARIFF.**

**B. HOLD AN EVENING PUBLIC HEARING  
IN ERIE, PA.**

**C. DISALLOW PROPOSED "ENHANCED ENERGY  
EFFICIENCY PROGRAM COST RECOVERY RIDER"**

**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: ✓ Florence Susi, 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).

✓ Florence Susi  
(Signature)

July 29, 2006  
(Date)

Mail to:

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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0090

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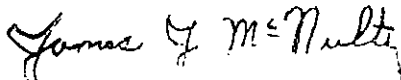
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by Florence & Angelo Susi.

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**  
AUG 1 2006

**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

R-00061493C009 Jeffrey R Nelson

Please print or type.

**1. CUSTOMER NAME (COMPLAINANT)**

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

Name Jeffrey R. Nelson

Street/P.O. Box 620 Strathmore Ave

City ERIE State PA Zip 16509-1758

County Erie

Area Code/HOME Phone (814) 838-4451

Area Code/WORK Phone \_\_\_\_\_

Utility Account Number 3367808-01

DOCUMENT  
FOLDER

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 \_\_\_\_\_

**DOCKETED**  
AUG 1 2006

**2. UTILITY NAME (RESPONDENT)**

National Fuel Gas Company / National Fuel Gas Distribution Corporation

**3. TYPE OF UTILITY (check one)**

ELECTRIC

GAS

WATER

TELEPHONE  
(local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

SECRETARY'S BUREAU  
2006 JUL 31 PM 9:31  
RECEIVED

**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.**

National Fuel Gas Company / National Fuel Gas Distribution Corporation has filed for a rate increase and surcharge. Known as Supplement No. 61 to tariff gas – PA PUC No. 9 filed by National Fuel Gas Distribution Corporation filed on May 31<sup>st</sup>, 2006 and proposed to become effective July 30, 2007. This action is blatant corporate plundering of the Pennsylvania consumer of natural gas. The surcharge proposed will punish the Pennsylvanian consumer for being a steward of natural resources by charging for natural gas conserved by the consumer. It will also National Fuel Gas Company / National Fuel Gas Distribution Corporation a dangerous precedent by allowing them to charge for product and services not used by the consumer. Furthermore the allowance of this rate increase and surcharge will create financial hardship; could possibly cause mortal personal injury, and property damage to citizens of Pennsylvania.

**5. RELIEF**

I request that the PA Public Utility Commission does not approve the proposed National Fuel Gas Company / National Fuel Gas Distribution Corporation rate increase and surcharge. Further I request that the PA-PUC review National Fuel Gas Company / National Fuel Gas Distribution Corporation financial records for the last 5 years in search of irregularities in tariffs and charges to customers in Northwestern Pennsylvania. I would also request that National Fuel Gas Company / National Fuel Gas Distribution Corporation be forced explain in depth to the Public and the PA-PUC why they intend to financial plunder and punish customer for conserving natural gas by charging for product conserved by the consumer.

**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 Does not apply

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 <sup>nd</sup> 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.**

**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  X

**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   
 NO X

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  Jeffrey R. Nelson , 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).

Jeffrey R. Nelson   
(Signature)

7-28-06   
(Date)

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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0091

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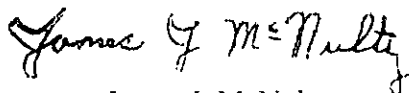
Dear Sir/Madam:

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

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**  
AUG 1 2006

ddi

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0092 Lori Hackman

SECRETARY'S OFFICE  
2005 JUL 21 AM 9:14

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Lori Hackman  
Street/P.O. Box 705 East Fifth Ave Ext Apt #  
City Warren State PA Zip 16365  
County Warren  
Area Code/HOME Phone 814-723-0838  
Area Code/WORK Phone \_\_\_\_\_  
Utility Account Number 4840155-02  
(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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: National Fuel

3. TYPE OF UTILITY (check one)

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

SECRETARY'S OFFICE  
2005 JUL 21 AM 9:14

SS

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.

Supplement no. 61 to Tariff Gas - PA P.U.C. no 9 filed by National Fuel Gas Dist. Corp. (NFGD) on May 31, 2006 & proposed to become effective July 30 2006 would increase NFGD's annual revenues by approx 25,892,000 per year

5. **RELIEF**

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

The PA P.U.C. should suspend & investigate the proposed tariff!

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 Coli Hackman, 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).

Coli Hackman  
(Signature)

7-26-06  
(Date)

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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0092

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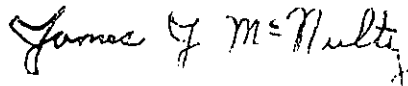
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0093 Ernest P Elesser

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Ernest P. Elesser

Street/P.O. Box 3605 PEASHT ST.

Apt #

City ERIE

State PA

Zip

County ERIE

Area Code/HOME Phone

Area Code/WORK Phone

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:

NATIONAL FUEL GAS DISTRIBUTION CORPORATION

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE

(local, long distance)

DOCKETED AUG 1 2006

54

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.

**SUPPLEMENT NO. 61 TO TARIFF GAS - PA.  
P.U.C. NO. 9 FILED BY NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION (NFGD) ON  
MAY 31, 2006 AND PROPOSED TO BECOME EFFECTIVE  
JULY 30, 2006 WOULD INCREASE NFGD'S ANNUAL  
REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR**

5. RELIEF

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

- A. THE PA. P.U.C. SHOULD SUSPEND AND INVESTIGATE THE PROPOSED TARIFF.**
- B. HOLD AN EVENING PUBLIC HEARING IN ERIE, PA.**
- C. DISALLOW PROPOSED "ENHANCED ENERGY EFFICIENCY PROGRAM COST RECOVERY RIDER"**

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 your complaint is against a natural gas distribution utility, an electric 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:

ERNEST P. ELSESSER, 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).

Ernest P. Elsesser  
(Signature)

7/29/2006  
(Date)

Mail to:

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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0093

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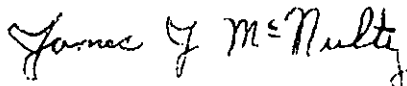
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0094 James & Beverly Dutchess

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name JAMES & BEVERLY DUTCHESS

Street/P.O. Box 522 FOLLETT RUN ROAD Apt #

City WARREN State PENNA. Zip 16365

County WARREN

Area Code/HOME Phone 814-728-6823

Area Code/WORK Phone

Utility Account Number 5461735-09 (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

2005 JUN 31 PM 9:48

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL GAS COMPANY

3. TYPE OF UTILITY (check one)

ELECTRIC

GAS

WATER

TELEPHONE (local, long distance)

STEAM HEAT

WASTE WATER

MOTOR CARRIER

(taxi, moving company, limousine)

DOCKETED AUG 1 2006

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.

*We request that the Pennsylvania Utility Commission deny the request National Fuel Gas Co. for the surcharge 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 JAMES + BEVERLY DUTCHESS, 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).***

James Dutchess Beverly A Dutchess  
(Signature)

7-20-06  
(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 <sup>nd</sup> 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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0094

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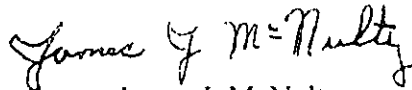
Dear Sir/Madam:

A Complaint has been filed against you in the above-captioned matter before the Pennsylvania Public Utility Commission by James & Beverly Dutchess.

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0095 Jackie Earl

RECEIVED  
2005 JUL 31 10:40  
COMMUNICATIONS SECTION

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name JACKIE EARL

Street/P.O. Box 2150 WEST 8 ST., Apt # 14

City ERIE State PA Zip 16505

County ERIE

Area Code/HOME Phone 814-453-5252

Area Code/WORK Phone none

Utility Account Number N/A (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: NATIONAL FUEL GAS

3. TYPE OF UTILITY (check one)

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

DOCKETED AUG 1 2006

52

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.

NFG has for years been advising us, showing us, even HELPING customers lower their usage of gas. They have been preaching conservation for years and now that customers have spent time and money to conserve, NFG wants them to pay for the conservation!

5. **RELIEF**

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

Stop being a best friend to NFG and STOP giving them every rate increase and surcharge they want. Start representing the public, the customers, instead of the big utility companies. In other words, do your jobs. Unless you want Pennsylvanians to start actions to ELECT the PUC instead of the "appointment process".

I am sure you are aware of what happened when we got angry with our legislators.

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 JACKIE EARL, 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).

Jackie Earl  
(Signature)

7-28-06  
(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 However, I'd be happy to  
~~State~~ allow Ken Springirth to represent my  
~~City~~ Case 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 <sup>nd</sup> 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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0095

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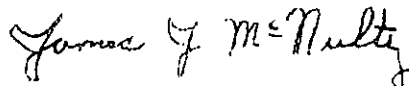
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0096 Diana Finotti

RECEIVED  
2005 JUL 31 AM 9:37  
REGISTRATION DIVISION

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name YOUR NAME DIANA FINOTTI  
Street/P.O. Box YOUR ADDRESS 5005 ZUCK ROAD LOT 129 Apt #  
City PLIR State PA Zip 16506  
County PLIR

Area Code/HOME Phone 814-933-0167  
Area Code/WORK Phone 814-459-1013  
Utility Account Number 4773274-01  
(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: NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION

3. TYPE OF UTILITY (check one)

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

DOCKETED  
AUG 1 2006

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.

**SUPPLEMENT NO. 61 TO TARIFF GAS - PA.  
P.U.C. NO. 9 FILED BY NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION (NFGD) ON  
MAY 31, 2006 AND PROPOSED TO BECOME EFFECTIVE  
JULY 30, 2006 WOULD INCREASE NFGD'S ANNUAL  
REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR**

5. RELIEF

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

- A. **THE PA. P.U.C. SHOULD SUSPEND AND INVESTIGATE THE PROPOSED TARIFF.**
- B. **HOLD AN EVENING PUBLIC HEARING IN ERIE, PA.**
- C. **DISALLOW PROPOSED "ENHANCED ENERGY EFFICIENCY PROGRAM COST RECOVERY RIDER"**

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 DIANA FINOTTI **YOUR NAME**, 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).

DIANA FINOTTI **YOUR SIGNATURE** 7-28-2006 **DATE**  
(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 <sup>nd</sup> 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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0096

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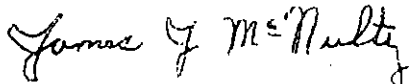
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0097 Linda Mc Guire

RECEIVED  
2005 JUL 31 AM 9:25  
COMMUNICATIONS SECTION

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Linda McGuire

Street/P.O. Box 1231 Donation Road Apt # \_\_\_\_\_

City Erie State PA Zip 16509

County Erie

Area Code/HOME Phone \_\_\_\_\_

Area Code/WORK Phone \_\_\_\_\_

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: National Fuel Gas  
Distribution Corporation

3. TYPE OF UTILITY (check one)

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

**DOCKETED**  
AUG 1 2006

49

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.

SUPPLEMENT NO. 61 TO TARIFF GAS - PA.  
P.U.C. NO. 9 FILED BY NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION (NFGD) ON  
MAY 31, 2006 AND PROPOSED TO BECOME EFFECTIVE  
JULY 30, 2006 WOULD INCREASE NFGD'S ANNUAL  
REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR

5. RELIEF

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

- A. THE PA. P.U.C. SHOULD SUSPEND AND INVESTIGATE THE PROPOSED TARIFF.
- B. HOLD AN EVENING PUBLIC HEARING IN ERIE, PA.
- C. DISALLOW PROPOSED "ENHANCED ENERGY EFFICIENCY PROGRAM COST RECOVERY RIDER"

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, Linda McGuire, 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).

Linda McGuire  
(Signature)

7/27/06  
(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 <sup>nd</sup> 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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0097

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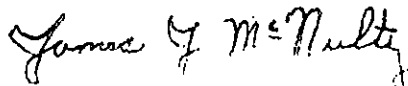
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0098 Richard A Purcell

RECEIVED  
2005 JUL 31 AM 9:35  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name RICHARD A. PURCELL

Street/P.O. Box 9699 AKERLEY ROAD Apt #

City ALBION State PA Zip 16401

County ERIE

Area Code/HOME Phone 814-756-5683

Area Code/WORK Phone

Utility Account Number 5881369-01  
(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 RICHARD A. PURCELL

Street/P.O. Box 314 CRAIG ST

City ERIE State PA Zip 16401

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: NATIONAL FUEL

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

DOCKETED  
AUG 1 2006

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.

*PROHIBIT THE PROPOSED "SURCHARGE" OR  
PENALTY FEE TO CUSTOMERS WHO ARE  
CONSERVING FUEL.*

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 A. PURCELL, 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 Purcell*  
(Signature)

JULY 28, 06  
(Date)

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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0098

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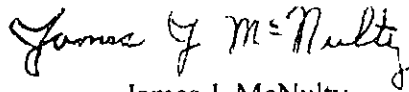
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0099 Sandra Guncsch

RECEIVED  
2006 JUL 31 AM 9:34  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name Sandra Guncsch

Street/P.O. Box 1944 Oxford St. Apt # \_\_\_\_\_

City Erie State Pa. Zip ~~16508~~ 16505

County Erie

Area Code/HOME Phone (814) 825-6385

Area Code/WORK Phone \_\_\_\_\_

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 \_\_\_\_\_

DOCKETED  
AUG 1 2006

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: \_\_\_\_\_

3. TYPE OF UTILITY (check one)

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

47

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.

SUPPLEMENT NO. 61 TO TARIFF GAS-PA  
P.U.C. NO 9 FILED BY NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION (NFGD) ON  
MAY 31 2006 AND PROPOSED TO BECOME EFFECTIVE  
JULY 30, 2006 WOULD INCREASE NFGD'S ANNUAL  
REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR

5. **RELIEF**

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

- A. THE PA P.U.C. SHOULD SUSPEND AND INVESTIGATE THE PROPOSED TARIFF.
- B. HOLD AN EVENING PUBLIC HEARING IN ERIE, PA.
- C. DISALLOW PROPOSED "ENHANCED ENERGY EFFICIENCY PROGRAM COST RECOVERY RISER"

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 SANDRA GUNESCH, 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).

Sandra Gunesch 7/28/06  
(Signature) (Date)

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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0099

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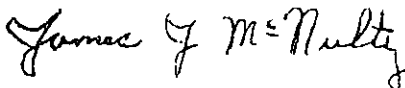
Dear Sir/Madam:

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

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**  
AUG 1 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

R-00061493C0100 Laura Fuller

RECEIVED  
2005 JUL 31 11 9: 30  
SECRETARY'S OFFICE

Please print or type.

1. CUSTOMER NAME (COMPLAINANT)

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

Name YOUR NAME Laura Fuller

Street/P.O. Box YOUR ADDRESS 3345 West Apt # 32nd St.

City Erie State PA Zip 14504

County Erie

Area Code/HOME Phone 814-833-6953

Area Code/WORK Phone Retires

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: NATIONAL FUEL GAS DISTRIBUTION CORPORATION

3. TYPE OF UTILITY (check one)

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

DOCKETED  
AUG 1 2006

HLE

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.

**SUPPLEMENT NO. 61 TO TARIFF GAS - PA.  
P.U.C. NO. 9 FILED BY NATIONAL FUEL GAS  
DISTRIBUTION CORPORATION (NFGD) ON  
MAY 31, 2006 AND PROPOSED TO BECOME EFFECTIVE  
JULY 30, 2006 WOULD INCREASE NFGD'S ANNUAL  
REVENUES BY APPROXIMATELY \$25,892,000 PER YEAR**

5. RELIEF

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

A. **THE PA. P.U.C. SHOULD SUSPEND AND INVESTIGATE THE PROPOSED TARIFF,**

B. **HOLD AN EVENING PUBLIC HEARING IN ERIE, PA.**

C. **DISALLOW PROPOSED "ENHANCED ENERGY EFFICIENCY PROGRAM COST RECOVERY RIDER"**

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: LAURA FULLER  
I YOUR NAME, 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).

Laura Fuller  
**YOUR SIGNATURE**  
\_\_\_\_\_  
(Signature)

7-28-06  
**DATE**  
\_\_\_\_\_  
(Date)

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

August 1, 2006

JOHN H ISOM  
POST & SCHELL  
17 NORTH SECOND STREET 12<sup>TH</sup> FLOOR  
HARRISBURG PA 17101-1601

DOCUMENT  
FOLDER

RE: PA PUC vs National Fuel Gas  
Docket Number R-00061493C0100

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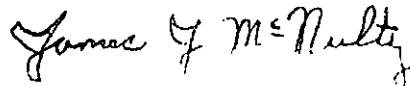
Dear Sir/Madam:

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

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**  
AUG 1 2006