

Carolyn Saunders

2390 Douglas Avenue

Upper Chichester, Pennsylvania 19014-3504

(610) 364-7858 My granddaughter's Phone. I Can be reached anytime after 11:30.

Secretary Rosemary Chiavetta

Commonwealth of Pennsylvania Public Utility Commission

Commonwealth Keystone Building

400 North Street, Second Floor

Harrisburg, Pennsylvania 17120

Case Number: C-2015-2497664

RECEIVED

SEP 03 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

September 3, 2015

Answer to PECO Answer of Respondent PECO Energy Company

4. True in Part. The Settlement letter, I don't believe I received unless it was sent with papers already filed. Letter dated April 8, 2015 was the discussion we had when we tried to resolve the issues. I wanted to make sure I had some protection that PECO would indeed work with me. If I had this letter, I believe the letter itself would have offered me a Defense at the start of this 2015 Compliant. The letter didn't say there would be a down payment a \$160. I remembered only the April 20, 2015. That letter and is part of the files already. If I am not mistaken, the forms that are outlined in PECO's Exhibit marked 4 were sent to me with the April 20, 2015 mailing.

I remembered this letter because it stated I was a CAP re-enrollment and PECO wanting a down payment. I called Attorney Lee concerning those things. I completely missed the CAP Tier statement of this letter. The April 8, 2015, at the start of this request would have been a defense, because the last statement on page one would somehow protect be from the down payment and the other charges that were placed on my account at the start of the Agreement. It would have back that my income had been discussed and when I received it and all I was expected to pay was \$160 and the \$47.09. We also discussed Direct Payments to PECO, on the 3rd of the month. That last paragraph on the page would have protected PECO as well, because the Direct Payment was not part of the Agreement. If I never received the letter, I would never know that it acted as the Agreement with PECO. Shortly after that phone call with Attorney Lee, I spoke with Mr. Begley, who wanted me to pay March payment of \$160. I had only \$107 to spare and I paid the \$107. I always believed the Agreement was for \$160 and the \$47.75, but the figures are all over the place. I can't remember things so when things change without it being explained, I get mix-up, such as \$154 instead of \$160. I could truly use the extra \$4.00.

I never to date, received a Shut off notice dated for June 30th. Mr. Begley said the Notice was sent June 29, 2015, I haven't received any shut off notice except Shut off Notice sent already in this case dated June 26,2015 with cutoff date for July 10th for \$112.

My service has never been reconnected after the July 14th shut-off, so I'm unsure if the August 14, 2014 date is supposed to be August 14, 2015. I know, I never informed PECO of a moving from my address, ever, in any year. I have not contacted PECO at any time for anything since July 2015.

Unsure of the amount owed to PECO. The Activity Sheet should also demonstrate that the agreement may not have been followed, that at that time service was not disrupted and the debt was satisfied in full. The account remained in my name during any of those times and the service was not interrupted.

I complain of the high bills that is true. I have never agree with PECO's answer to any of those complaints, ever, I just continue to complain, until now, I am doing something about it.

The Hearing is scheduled for November 13, 2015 at 10:00. I would not have known this if it had not been for my daughter, who's been checking my case on-line. If it had not been for her I would never have known I had a Case Number. So I am requesting and asking Honorable Court and Honorable Commission not to dismiss this Complaint and to allow me the right prove my complaint. I made a mistake when I had the opportunity to do so before, I won't let that happen again.

I am also asking that my electric be restored until this case has been resolved. It would allow me to return home and not have to spend extra money, I am spending for my granddaughter and my stay and eat elsewhere, and to try to get my phones back on before the Hearing date. I ask this again, please, because of my health, income and age. It's only been by the LORD GOD's Grace, I have been able to make it so far.

Legal Department
2301 Market Street / S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699

Direct Dial: 215-841-6841
Fax: 215-568-3389

April 20, 2015

VIA FIRST CLASS MAIL

Carolyn Saunders
2390 Douglas Avenue
Aston, PA 19014-3504

Re: Carolyn Saunders v. PECO Energy Company
Docket Number: F-2014-2456032

Dear Ms. Saunders:

Per our telephone conversation on April 7, this letter confirms the resolution of the above-referenced Public Utility Commission (PUC) Complaint. As the parties desire to amicably resolve the dispute without the need for further litigation, PECO Energy has agreed to resolve your formal complaint as follows:

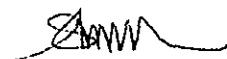
- 1) You were re-enrolled in PECO Energy's Customer Assistance Program ("CAP") for account number 43271-78025 for the service at 2390 Douglas Avenue under Tier E.
- 2) PECO has processed a payment agreement on a balance of \$2,985.40. Under the agreement, you are to pay a \$160.00 down payment. Your installments under the agreement are \$47.09 per month plus your \$160.00 budget bill, which is subject to change based on usage.

I will also forward a Certificate of Satisfaction to the PUC to inform them of the status of this complaint. Unless you file a written objection to the PUC within ten (10) days, the Certificate of Satisfaction will sufficiently confirm to the PUC that the Complaint has been resolved and the file will be closed.

I have enclosed a 2014-2015 LIHEAP application for you to complete. The application you submitted was for the previous year. Please complete the application as soon as possible and send it back to me so I can have it processed.

If you have any questions, please do not hesitate to contact me or Michael Begley, at 215-841-6547.

Very truly yours,



Shawane L. Lee
Assistant General Counsel, PECO Energy
Encl.

cc: Michael Begley, Regulatory Assessor, PECO Energy

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

CAROLYN SAUNDERS	:	
Complainant	:	
	:	
v.	:	DOCKET NO. F-2014-2456032
	:	
PECO ENERGY COMPANY	:	
Respondent	:	
	:	

CERTIFICATE OF SERVICE

I, Shawane Lee, hereby certify that I have this day served a true and correct copy of the foregoing document upon the interested parties and in the manner indicated below.

Service by first class mail:

Carolyn Saunders
2390 Douglas Avenue
Aston, PA 19014

Administrative Law Judge Dennis J. Buckley
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105
Via Email only



Shawane L. Lee
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
(215) 841-6841
Shawane.lee@exeloncorp.com

Dated: April 20, 2015

Legal Department
2301 Market Street / S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699

Direct Dial: 215-841-6841

April 20, 2015

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, Second Floor
Harrisburg, PA 17120

Re: Carolyn Saunders v. PECO Energy Company
Docket Number: F-2014-2456032

Dear Secretary Chiavetta:

Pursuant to 52 Pa. Code §5.24(b), PECO Energy Company certifies that the parties in the above-referenced complaint have reached an accord.

By copy of this letter, I am alerting the Complainant of her right to object to the closing of this matter in writing to the Public Utility Commission within ten (10) days of the date of this letter.

If additional information is needed about this matter, please contact me at my direct-dial number above. Thank you.

Sincerely,



Shawane L. Lee
Counsel for PECO Energy Company

cc: Carolyn Saunders

EXHIBIT 4



An Exelon Company

Legal Department
2301 Market Street / S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699

Direct Dial: 215-841-6841
Fax: 215-568-3389

April 8, 2015

VIA FEDERAL EXPRESS

Carolyn Saunders
2390 Douglas Avenue
Upper Chichester, PA 19014-3504

Re: Carolyn Saunders v. PECO Energy Company
Docket Number: F-2014-2456032

Dear Ms. Saunders:

Per our telephone conversation on April 7, this letter confirms the resolution of the above-referenced Public Utility Commission (PUC) Complaint. As the parties desire to amicably resolve the dispute without the need for further litigation, PECO Energy has agreed to resolve your formal complaint as follows:

- 1) You will enroll in PECO Energy's Customer Assistance Program ("CAP") for account number 43271-78025 for the service at 2390 Douglas Avenue. You have agreed to provide the following documents as soon as possible:
 1. A completed CAP application (enclosed).
 2. Your Social Security Benefit statement.
 3. Your recent paystub.
 4. A No Income form completed by your granddaughter (enclosed).
- 2) Once you are enrolled in CAP, PECO will process a 60 month payment agreement on your \$2,985.40 balance. Under the agreement, you are to pay \$49.75 per month plus your \$160.00 budget bill, which is subject to change based on usage.

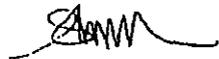
This letter memorializes the entire agreement between Carolyn Saunders and PECO Energy Company. Any other terms or promises, written or oral, not in the body of this letter will not be a part of this settlement agreement and, therefore, will be void.

4

I will also forward a Certificate of Satisfaction to the PUC to inform them of the status of this complaint. Unless you file a written objection to the PUC within ten (10) days, the Certificate of Satisfaction will sufficiently confirm to the PUC that the Complaint has been resolved and the file will be closed.

If you have any questions, please do not hesitate to contact me or Michael Begley, at 215-841-6547.

Very truly yours,



Shawane L. Lee
Assistant General Counsel, PECO Energy
Encl.

cc: Michael Begley, Regulatory Assessor, PECO Energy

**Universal Services
CAP Rate Application**

Ratepayer: _____
Account #: _____

Approved Universal Services applicants will receive the CAP Rate discount for their energy bill. You will be notified if your application does not meet the application requirements. Your application will not be processed until all requested information is received and verified.

INSTRUCTIONS: Please ensure the information on this form is correct. Attach proof of total gross household income (before taxes) and sign your name at the "X". Below are types of income verification to send with this form.

ALL INFORMATION MUST BE COMPLETE IN ORDER FOR THIS APPLICATION TO BE PROCESSED. (Please Print)

1. Verify or enter your account number, name, address, and telephone numbers.
2. Enter the name(s) and social security number(s) for all members of your household including yourself.
3. Attach proof of total gross household income for all members in your household including yourself.
4. Mail the completed application along with the required proof of income to:
PECO CAP Rate, P.O. Box 16468, Pittsburgh, PA 15242-9945
5. Or fax to: 1-866-362-8906 (Toll Free).
6. You will be notified of our decision (approval or denial) by mail.
7. When you are on CAP Rate, you cannot be a customer of a competitive electric generation or natural gas supplier.

ACCOUNT NUMBER		
NAME Last	First	Middle Initial
ADDRESS		Apt. Number
City	State	Zip Code
Home/Work Phone		Cell Phone

Please check the boxes below to indicate the type of total household income verification enclosed:

Note: Please send copies only

- | | |
|---|---|
| <input type="checkbox"/> SSI, Social Security and/or Social Security Retirement Award Letter | <input type="checkbox"/> Employment Verification Letter |
| <input type="checkbox"/> Recent Pay Stubs (last 30 days - consecutive pay stubs) | <input type="checkbox"/> DPW Award Letter |
| <input type="checkbox"/> Social Security Disability Award Letter | <input type="checkbox"/> Workman's Compensation Award Letter |
| <input type="checkbox"/> Child Support Court Order or Court Print Out | <input type="checkbox"/> Social Security Survivors Benefit Award Letter |
| <input type="checkbox"/> Unemployment Determination Letter (or last 30 days check stubs) | <input type="checkbox"/> Veterans Benefits Award Letter |
| <input type="checkbox"/> Previous Year's W-2 or 1040 SE Form (if seasonally or self employed) | <input type="checkbox"/> Other _____ |

List all the people who live with you, starting with yourself. Include all adults and children. Include all roomers who share household expenses. Attach proof of all household income. Attach additional sheets, if needed.

Name (Last, First, M.I.)	Social Security Number	Birth Date	Relationship	Source of income or DPW case number
			SELF	

My signature on this application grants PECO or its authorized agent to verify any information on this application including usage information. I authorize the release of this information to approved agencies, which provide other energy/weatherization assistance for which I may be eligible in accordance with PECO Universal Services standards. I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for the CAP Rate Program. I certify that the information given on this application is accurate. I understand that any willful misrepresentation on this application could result in denial or removal from the CAP Rate Program. **You must sign this application to receive the CAP Rate.**

DO NOT SEND BILL PAYMENT WITH THIS FORM.

X _____
Applicant Signature



An Exelon Company

PECO Customer Assistance Program (CAP) No-Income Form

PECO Account Number: _____ -- _____

Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is the PECO bill in your name? Yes No

I certify that I personally have "no income." I depend on the following person(s) / organization(s) to pay my living expenses:

Does anyone else in your household have income? Yes No

If Yes, please provide the name of that person(s) and their income (use back if necessary):

Name _____ Amount of Income _____

Name _____ Amount of Income _____

If No, how do you pay for the following?

Food: _____

Housing: _____

Utility Service (example: electricity, gas, heat, water, phone, etc.): _____

I understand that providing false information to PECO is grounds for denial of my CAP application or removal from CAP. I certify that the information provided on this form is true.

Signature: _____ Date: _____

Please send this form to PECO CAP by fax, e-mail or U.S. mail:

- Fax – 1-866-362-8906
- E-Mail – PECOCAP@exeloncorp.com
- Mail – PECO CAP, P.O. Box 16468, Pittsburgh, PA 15242-9945

APPLICATION FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

To apply for Energy Assistance, you must complete all questions front and back and sign at the red 'X'. Be sure your correct and complete name and address is entered below. If incorrect, cross out and PRINT correctly in space provided below. YOU CAN ALSO APPLY ONLINE AT WWW.COMPASS.STATE.PA.US.

YOUR NAME AND ADDRESS

Your County Assistance Office Address

FOR USE ONLY

CRISIS CASH

Application Registration Number _____

County _____

District _____

Record Number _____

Worker I.D. _____

Rejected Approved

Date _____

If you do not understand these instructions, contact your local county assistance office.



Please complete this section for the head of household.
*Use the codes from page 2 to help provide the details.

Name (Include Last, First Middle Initial)	Date of Birth	Sex	Social Security Number
Home Address (Include Street, Apt. Number, City, State & Zip Code+4)			
Mailing Address if different (Include Street, Apt. Number, City, State & Zip Code+4)			
County You Live In	Phone Number:	Citizenship*	Race (Optional)*
		Ethnicity (Optional)*	Marital Status*
Are you currently receiving Cash, Medical Assistance or SNAP/Food Stamp Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we use the income you have on file for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No



Do you read, write and understand English? Yes No If no, what language? _____



Does anyone in your household receive financial assistance for a disability? Yes No



Show the name, address and account number of the utility company or fuel dealer to whom you want payment sent.

Name of Utility Company or Fuel Dealer PECO	Account Number
Address (Include Street, City, State & Zip Code+4) 2301 Market Street, Philadelphia, PA 19103	



Are You:

<input type="checkbox"/> Renting with heat included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat included
<input type="checkbox"/> Renting with heat not included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat not included
<input type="checkbox"/> An unrelated roomer	<input type="checkbox"/> An owner or are you buying your home <input type="checkbox"/> Other: _____



If you are in subsidized/public housing, do you receive a utility allowance check? Yes No
If yes, how much? \$ _____
(If heat is included in your rent, attach a note from your landlord stating that heat is included as well as what type of fuel is used.)



Pennsylvania's Fast And Easy Way To Apply For Your LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM



6 What is your main heating source? This question is asking about your main heating source, the one that heats your home. Attach a copy of your last bill. See Instructions on last page. If you do not have a bill yet, but will be paying your own heat, attach a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

Electric Fuel Oil Coal Natural Gas Kerosene Propane or Bottled Gas Blended Fuel Wood/Other



7 Are you currently without your main heating source or within 15 days of being without heat? Yes No

If yes, please explain: _____



Answer question 7 only if you want payment sent to the vendor of your second heating source. A second heating source is used to run your main heating source in addition to the main fuel (example: electricity to run a gas furnace), or used if the main heating source is not working.



8 What is your secondary heating source - if any?

Electric Fuel Oil Coal Natural Gas Kerosene Propane or Bottled Gas Blended Fuel Wood/Other

(Attach a copy of your last bill for your main and second heating sources.)



9 Are you currently without your secondary heating source or within 15 days of being without heat? Yes No

If yes, please explain: _____



10 List the people who live with you at this address. Include all children and adults. Include related roomers. Include all unrelated roomers who share household expenses. Do not include anyone in jail/prison. Do not include the household member listed in block 1. See instructions on the last page.

Use the codes below to help provide the details for each individual in your household.

- CITIZENSHIP*:** (1) U.S. Citizen, (2) Permanent Alien, (3) Temporary Alien, (4) Refugee, (5) Other-not eligible for benefits (All non-U.S. citizens must provide proof of citizenship status.)
- RACE* (optional):** (1) Black or African American, (3) American Indian or Alaskan Native, (4) Asian, (5) White, (7) Native Hawaiian or other Pacific Islander. List all groups that apply.
- ETHNICITY* (optional):** (1) Non-Hispanic, (2) Hispanic or Latino
- MARITAL STATUS*:** (1) Single, (2) Married, (3) Common Law Marriage, (4) Separated, (5) Divorced, (6) Widow/Widower

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status*	Relationship to You
Person 1								

Do you receive Cash, MA, or SNAP/Food Stamp benefits? Yes No If yes, may we use the income you have on file for this application? Yes No

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status*	Relationship to You
Person 2								

Do you receive Cash, MA, or SNAP/Food Stamp benefits? Yes No If yes, may we use the income you have on file for this application? Yes No

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status*	Relationship to You
Person 3								

Do you receive Cash, MA, or SNAP/Food Stamp benefits? Yes No If yes, may we use the income you have on file for this application? Yes No

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status*	Relationship to You
Person 4								

Do you receive Cash, MA, or SNAP/Food Stamp benefits? Yes No If yes, may we use the income you have on file for this application? Yes No

If you have additional people in your house, please provide their information on a separate piece of paper and send it along with this application.



If you answered yes for everyone in question 10, skip to question 12. If you answered no for anyone in question 10, complete question 11 for that person.



Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions. Types/sources of income include money from: Employment, Veteran's Benefits, Unemployment Compensation, Black Lung benefits, Social Security, Support, Workers Compensation, Interest/Dividends, Rental Income.

Name of person with income	Type/source of income	Start Date	Date of First Paycheck	How much each month?
Name of person with income	Type/source of income	Start Date	Date of First Paycheck	How much each month?
Name of person with income	Type/source of income	Start Date	Date of First Paycheck	How much each month?
Name of person with income	Type/source of income	Start Date	Date of First Paycheck	How much each month?

We will use the income information you send us to see how much you earn in one year. Please send one of the following:

- Send proof of income for prior month. (Example: If you are applying in November, send in October. This income will be converted to a yearly figure.)
- If you had significant changes in income over the past 12 months (Periods of Unemployment, Changes in Jobs, Seasonal Work, etc.), send proof of your income for the past 12 months.
- If you have no income for the past month, or if your income is less than the cost of your monthly basic living needs, you must tell us in writing how you are paying for your basic living needs (Food, Shelter, Personal Items, etc).
- Proof of income includes (Pay Stubs, Award Letters, Employer Statements, etc).



Are you interested in being referred to a free weatherization service? Weatherization services include home insulation and heating system repair or replacement.

Yes No



Are you or anyone in your household fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime that would be classified as a felony?

Yes No

If yes, who? _____



Is anyone in the U.S. Military or has anyone been in the U.S. Military?

Yes No

If yes, who? _____

Is anyone a widow, spouse or child (under age 18) of anyone in the U.S. Military or anyone who has been in the U.S. Military?

Yes No

If yes, who? _____

Certification

- My signature on this application gives my permission to the Department of Public Welfare or its authorized agent to: (a) check any information I give about where I live, my jobs, income, resources, energy supply and energy supplier; (b) find out about the costs of my shelter, heating and heating use; and (c) complete any survey in connection with energy assistance.
- If you fail to provide a Social Security number or fail to complete the Energy Assistance Affidavit below, you are ineligible for benefits.
Energy Assistance Affidavit
I certify that: (check all that apply)
 I provided Social Security numbers for all household members.
 To the best of my knowledge, these household members do not have Social Security numbers:

Print Name

Print Name
 The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security Number or may be unable to because they are a victim of domestic violence:

Print Name

Print Name
- I authorize the release of limited information to approved agencies which provide other energy/weatherization assistance for which I may be eligible.
- I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
- I affirm that Pennsylvania is my legal residence.
- I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
- I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, the notice will state the amount of my benefit.
- I further understand that if my household is eligible for a LIHEAP cash benefit, it must be sent directly to my utility company or fuel dealer unless I am a renter and my heat is included in my rent or my fuel is supplied by a fuel dealer who does not accept vendor payment.
- I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
- I know that if I give false information, I can be penalized by fine and/or imprisonment.
- I understand by signing this application, I may not qualify because LIHEAP money has run out.

Please Sign Here - Use Ink

X

Signature _____

Date _____

Apply online at www.compass.state.pa.us

Did you remember to...

**Starting November 4, 2013 if you are without heat or in danger of being without heat, contact your CAO.

- | | |
|---|---|
| <input type="checkbox"/> Fill out all required information clearly and completely. | <input type="checkbox"/> Send proof of all household income.
Example: If you apply in November 2013 and are sending:
a) one month of income, send proof for October 2013.
b) 12 months of income, send proof for November 2012 through October 2013.
PROOF INCLUDES PAY STUBS, AWARD LETTERS, EMPLOYER STATEMENTS, ETC. |
| <input type="checkbox"/> Provide Social Security numbers for <u>all</u> household members or complete the Energy Assistance Affidavit in the Certification section on page 3. | <input type="checkbox"/> Send a statement explaining how your household pays for basic living needs (food, rent, etc.) only if you told us you have no income, or if your income is less than the cost of your monthly basic living needs. |
| <input type="checkbox"/> Send proof of immigration status if you are a non-U.S. citizen. | <input type="checkbox"/> Sign and date your application. |
| <input type="checkbox"/> If you rent with heat included, send a copy of your lease or a signed, written statement from your landlord explaining how you pay for heat. | <input type="checkbox"/> Mail your completed application and all documents to your local county assistance office. |
| <input type="checkbox"/> If you pay for heat, send a bill for your main heating source. Attach copy of your utility bill dated within 2 months of the date you submit your application. For other fuels provide a bill/receipt dated after January 1, 2013. | |
| <input type="checkbox"/> If you would like payment sent to your secondary heating provider, enclose a copy of your main <u>AND</u> secondary heating bills. | |

**IF YOU DO NOT SEND THE PROOF WE NEED WITH THIS FORM,
WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.**

Voter Registration (Optional)

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

To register, you must: 1) Be at least 18 on the day of the next election; 2) Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION; 3) Reside in Pennsylvania and the voting district at least 30 days prior to the next election.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the county assistance office if you would like help. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)

COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED UPON YOUR RESPONSE ABOVE

- | | | |
|---|---|---|
| <input type="checkbox"/> Given to Client | <input type="checkbox"/> Sent to voter registration | <input type="checkbox"/> Mailed to Client |
| <input type="checkbox"/> Declined, not interested | <input type="checkbox"/> Not a U.S. citizen | <input type="checkbox"/> Declined, already registered |

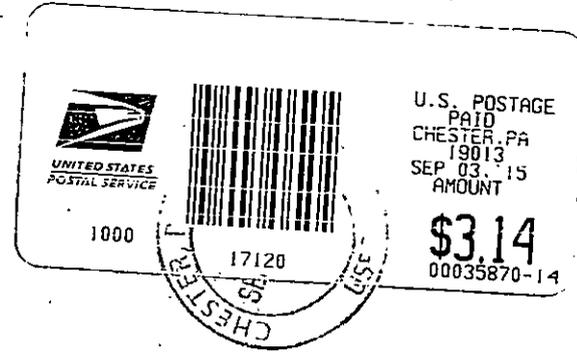


If you have a disability and need this application in large print or another format,
please call our Helpline at 1-800-692-7462.
TDD Services are available at 1-800-451-5886.

Apply online at www.compass.state.pa.us

FROM:

Carolyn Saunders
2390 Douglas Avenue
Upper Chichester, Pennsylvania
19014-3504



TO:

Secretary Rosemary Chiaiveta
Commonwealth of Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, Second Floor
Harrisburg, Pennsylvania 17120
Case Number: C-206-2497664



Cushion Mailer
8 1/2" x 12"

Ready **P**ost