

Ms. Ena Blackwood
24 New Street
Upper Darby Pa 19082
September 22, 2015

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

RECEIVED

OCT 06 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Dear Sirs,

This letter is an exception to the commission of final report for Docket F2014-2455548 Ena Blackwood vs. Peco Energy Company. I would like to disagree with the payment of \$2560 owed and would like to asked Peco for the calculated amount from the point where I was accused of owing. I also disagree with having my name sent to the Credit Bureau as well as having my name still on the CAP program, which I would like to be removed. I still did not receive the proof from Peco for each month that I was accused of owing and would like that to be explained.

Respectfully

Ena Blackwood

Ena Blackwood

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TO Whom it may Concern
Dear Sir I ENVA Blackwood
to dispute Court decision in
reference to the 2600 West
Munton is Court that Peco
still have my name it wasnt
on record. Peco said I'm
Assing to Titan and Orate
American power. the Case Finish
in June and I did receive the
letter from Judge until
September 14 2015. If the Case
Finish in June why I'm I just
receiving my letter in September.
If the collection send a letter
August 11 2015. Do Peco have
the right to remove my name
from another company. After I
I receive the letter I call the
supplies remove my name in
October 10 2014 and remove it
the 12 2014 it put back in January
what they did they raise the gas
and light it started in 2011
that was the Arrangement I made
gas \$80 Electric \$66 even when
I pay \$200 or \$400 they dont have
the right they dont give a
date when the \$600 is owe
I pay 2000 dollars 12 December
2012 when gas was taken
didnt receive April dont know
where 2600 came from.

they did give me a date
come from 2011 they raise
my gas and light.

they have a cap program
without my knowledge.

I file in 2006 so I couldn't
take anything from the start
they must pay for my
health I lose my hair
the 2012 was 700 and
they have the remainder
in court it was not end
the year I am in hell
out of light for one year
take light for the last three
year I have hardly no gas
I can't read and need help

The light was only 16 and it
was not back on and was out of
on August I leave home from
September it has been a year
since I leave in house I have no
light or gas no longer live
at property

Anna Blackwood

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PERSONAL & CONFIDENTIAL

August 11, 2015

12/8/156



IC System

444 Highway 96 East, PO Box 64378
St. Paul, MN 55164-0378

Toll-Free No: 866-379-7820

~~XXXXXXXXXX~~ 11 20015



Dear Ena Blackwood:

This letter is being sent to advise you about an important notice regarding your Peco Energy Company account. Please see below.

Sincerely,

Beth Brown

Beth Brown
Manager

We are a debt collector attempting to collect a debt and any information obtained will be used for that purpose.

ACCOUNT SUMMARY

Peco Energy Company
Account No: 8969200809
I.C. System Reference No: 88664699-1-29

Principal Due: \$2,592.16
BALANCE DUE: \$2,592.16

\$0.00 has been Paid Since Placement

0610 - 47713 - 062065840 - ISC - ICSysstem.WFD - 552617 - 06010602 - 06101SC

PAYMENT OPTIONS



Make online payment at:
www.yourpayment.com
Reference No: 88664699-1-29



Scan this code with your smartphone to pay your bill online.



Call us: 866-379-7820

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186-02310 2/98 RP

NAME

ADDRESS

21 New st

YOUR PECO Energy Company SERVICEPERSON WAS HERE

ON

DATE

11-10-12

AM.

PM

We are sorry to have missed you.

We called to

470 20012

Please call the number listed below to let us know when we may return.

1-800-494-4000

SERVICEPERSON



PECO®

An Exelon Company

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Approved Universal Services applicants will receive the CAP Rate discount for their energy bill. Approval may not be completed by PECO before the mailing of your next energy bill. PECO will notify you if your application does not meet the application requirements. Your application will not be processed until all requested information is received and verified.

0160-0000

500509907027

INSTRUCTIONS: Please ensure the information on this form is correct. Attach proof of total gross household income 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 FORM TO BE PROCESSED.
(Please Print)

1. Enter the name, address and social security information of the members in your household, including yourself.
2. Attach proof of total gross household income before sending. (Check the box below to indicate the type of proof attached.)
3. Mail form to: OSI, CAP Rate, P.O. Box 16468, Pittsburgh, PA 15242-9945 (Envelope enclosed)
4. To fax information dial 1-866-362-8906 (Toll Free)
5. You will be notified by mail upon approval.

2006 9/28

NAME: Last <u>Blackwood</u>	First <u>ENA</u>	Middle Initial
Address <u>24 NEW ST</u>	Apt. No. <u>A31</u>	
City <u>UPPER DARBY</u>	State <u>PA</u>	Zip Code <u>19088</u>
Day Time Telephone #: <u>610 352-2216</u>	Evening Telephone #: <u>610 513 8864</u>	

My signature on this application grants PECO or its authorized agent to verify any information concerning residence, employment, income, shelter cost, financial resources and 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 certify that the information given on this application is correct. You must sign this application to receive the CAP Rate.

DO NOT SEND BILL PAYMENT WITH THIS FORM.

X Ena Blackwood
Applicant Signature

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 Letter | <input type="checkbox"/> Employment Verification Letter |
| <input checked="" type="checkbox"/> Pay Stubs (last 4 stub) | <input type="checkbox"/> DPW |
| <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> Workman's Compensation (Award Letter) |
| <input type="checkbox"/> Child Support Court Order | <input type="checkbox"/> Social Security Survivors Benefit |
| <input type="checkbox"/> Unemployment Letters and last 2 unemployment check stubs | <input type="checkbox"/> Veterans Benefits Award Letter |
| <input type="checkbox"/> Previous Year's W-2 or 1040 SE Form | <input type="checkbox"/> Other _____ |

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

Name (Last, First, M.I.)	Social Security Number	Birth Date	Relationship	Monthly Income before taxes or deductions	Source of income or DPW case Number
<u>Ena Blackwood</u>	<u>170 72 3566</u>	<u>8-6-43</u>	<u>SELF</u>	<u>1360</u>	
<u>Christine Black</u>	<u>170 72 264</u>	<u>7-4-77</u>	<u>Daughter</u>		
<u>Trevor Goshine</u>	<u>170 78 4330</u>	<u>4-28-98</u>	<u>Grandson</u>		
<u>Tracy Matthews</u>	<u>167 76 6795</u>	<u>10-10-02</u>	<u>Grandson</u>		

Failure to give complete information will delay your application.

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PSBTEAM0 W 50160MA212*TEA*

13200

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PRESS FIRMLY TO SEAL



U.S. POSTAGE
PAID
HIPPER HARRY, PA
19082
OCT 06 15
AMOUNT

\$19.99
00023781-14

1007



EK706722133US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()
EVA V. K...
24 N... St...
M... PA 19082

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ()
Secretary
Pennsylvania Public
Utility Commission
100 But 3.2.65
ZIP + 4® (U.S. ADDRESSES ONLY)
17105-3265

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

INTERNATIONAL USE



PRIORITY
★ MAIL ★
EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> OPO
PO ZIP Code 19082	Scheduled Delivery Date (MM/DD/YYYY) 10/7	Postage \$ 19.99	
Date Accepted (MM/DD/YYYY) 10/6/15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 11:57 AM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight 2.6 lbs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 19.99	
Acceptance Employee Initials TJ			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature