

# OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20055565		YES	NO
Case Name:	Robert Biros v. Duquesne Light Company	Prehearing Held:	<input type="checkbox"/>	<input type="checkbox"/>
Location:	Pittsburgh	Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date:	February 8, 2006	Testimony Taken:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ALJ:	Robert P. Meehan	Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reporting Firm:	Commonwealth Reporting <i>RI-C</i>	Hearing Concluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Further Hearing Needed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Estimated Add'l Days:		
		RECORD CLOSED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		DATE:	<i>2-8-06</i>	
		Briefs to be Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		DATE:		
		Bench Decision:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		REMARKS:	<b>DOCUMENT FOLDER</b>	

**FEB 16 2006**  
 PA PUBLIC UTILITY COMMISSION  
 SECRETARY'S BUREAU

PLEASE PRINT CLEARLY - Incomplete Information may result in delay of processing.

Name and Telephone Number	Address	Who are you representing?			
<i>REGINA SESTAK</i>	<i>DUQUESNE LIGHT COMPANY 411 SEVENTH AVENUE (8-2)</i>	<i>DUQUESNE LIGHT CO.</i>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><small>City</small> <i>PITTSBURGH</i></td> <td style="width: 33%;"><small>State</small> <i>PA</i></td> <td style="width: 33%;"><small>Zip</small> <i>15219</i></td> </tr> </table>		<small>City</small> <i>PITTSBURGH</i>	<small>State</small> <i>PA</i>	<small>Zip</small> <i>15219</i>
<small>City</small> <i>PITTSBURGH</i>	<small>State</small> <i>PA</i>	<small>Zip</small> <i>15219</i>			
Telephone: <i>412/393-1546</i>	E-mail Address: <i>rsestak@duqlight.com</i>	Fax Number: <i>412-393-1418</i>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>State</small></td> <td style="width: 33%;"><small>Zip</small></td> </tr> </table>	<small>City</small>	<small>State</small>	<small>Zip</small>	
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Telephone:	E-mail Address:	Fax Number:			

Check this box if additional parties or attendees appear on back of form.

*2/14/06  
elf*

  
 Reporter's Signature

*Note: Completion of this form does not constitute an entry of appearance, see 52 Pa. Code §§1.24 and 1.25.*

Name and Telephone Number	Address			Who are you representing?
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
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	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number: