

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20055364		YES	NO
Case Name:	Margaret E. Ellenberger v. The Peoples Natural Gas Company d/b/a Dominion Peoples	Prehearing Held:	<input type="checkbox"/>	<input type="checkbox"/>
Location:	Pittsburgh	Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date:	January 4, 2006	Testimony Taken:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALJ:	Robert P. Meehan	Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reporting Firm:	Commonwealth Reporting	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 type="checkbox"/>	<input checked="" type="checkbox"/>
		DATE:		
		Briefs to be Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		DATE:		
		Bench Decision:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		REMARKS:	<i>Record to close on my order upon receipt of transcript</i>	

DOCUMENT FOLDER

RECEIVED

JAN 12 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?
Margaret E. Ellenberger	438 North Avenue City: Kittanning State: PA Zip: 16201-1117	Complainant pro se
Telephone: 724-543-1098	E-mail Address:	Fax Number:
Horace P. Payne, Jr., Esq.	625 Liberty Avenue City: Pittsburgh State: PA Zip: 15222	Respondent
Telephone: 412-497-6889	E-mail Address:	Fax Number:
	City: State: Zip:	
Telephone:	E-mail Address:	Fax Number:

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

1/11/06 alp

[Signature]
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	
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:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number: