

Please print or type.

A-2015-2501696

Rosie Edwards

Name of Supporter

2113 S 68<sup>th</sup> Street Phila PA 19142

Street Address

City or Municipality

State

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.  
Non Emergency Medical Transportation
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
5501 Old York Rd Phila PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
3 Times weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
Never on time
- Have you supported similar applications in the past? If so, who was the applicant?  
No

### VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Rosie Edwards

(Signature of Supporter)

12/31/15

(Date)

Rosie Edwards

(Supporter's Name, printed or typed)

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JAN 25 2016

Please print or type.

Lonnie McCoy  
Name of Supporter

308 W Tabac RD  
Street Address

Phila  
City or Municipality

PA  
State

19120  
Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC  
Name of Applicant

- Describe the type of transportation service needed.

NON Emergency Medical Transportation

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

3823 Market St Phila, PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 Times weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Never on time

- Have you supported similar applications in the past? If so, who was the applicant?

NO

## VERIFICATION OF STATEMENT

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Lonnie McCoy

(Signature of Supporter)

12/29/15

(Date)

Lonnie McCoy

(Supporter's Name, printed or typed)

**RECEIVED**

JAN 25 2016

Please print or type.

Jessie Barkers

Name of Supporter

4510 Smedly St.

Street Address

Phila

City or Municipality

PA

State

19140

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

NON Medical Transportation  
Emergency

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

1700 S 60<sup>th</sup> St Phila PA 19139

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 Times weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Never on time

- Have you supported similar applications in the past? If so, who was the applicant?

NO

## VERIFICATION OF STATEMENT

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Jessie Barkers  
(Signature of Supporter)

12-28-2015  
(Date)

Jessie Barkers  
(Supporter's Name, printed or typed)

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JAN 25 2016

Please print or type.

Dawn Epps  
Name of Supporter

5329 Willows Ave  
Street Address

Phila  
City or Municipality

PA  
State

19143  
Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC  
Name of Applicant

- Describe the type of transportation service needed.  
Now Emergency Medical Transportation
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
3300 Henry Ave Phila PA 19129
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
3 Times Weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
Never picks me up on time
- Have you supported similar applications in the past? If so, who was the applicant?  
NO

### VERIFICATION OF STATEMENT

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Dawn Epps  
(Signature of Supporter)

12-28-15  
(Date)

DAWN EPPS  
(Supporter's Name, printed or typed)

**RECEIVED**

JAN 25 2016

Please print or type.

Merline Mupphy

Name of Supporter

6410 Garman St

Street Address

Phila

City or Municipality

PA

State

19142

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

Non Emergency Medical transportation

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

3701 Market St Phila PA 19104

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 Times weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Never on time

- Have you supported similar applications in the past? If so, who was the applicant?

NO

### VERIFICATION OF STATEMENT

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Merline Mupphy  
(Signature of Supporter)

12/23/15  
(Date)

**RECEIVED**

Merline Mupphy  
(Supporter's Name, printed or typed)

JAN 25 2016

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Please print or type.

CLERIA PRIMEAUX

Name of Supporter

140.3 S Allison St.

Street Address

Phila

City or Municipality

PA. 19143

State

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

Amb. Transportation

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Phila Area

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

yes, Not prompt.

- Have you supported similar applications in the past? If so, who was the applicant?

NO

## VERIFICATION OF STATEMENT

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Alma Primeaux

(Signature of Supporter)

12-10-15  
(Date)

CLERIA PRIMEAUX

(Supporter's Name, printed or typed)

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JAN 25 2016

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Please print or type.

Joyce Johnson  
Name of Supporter

660 A N. 35th St. Phila. Pa. 19104  
Street Address City or Municipality State Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC  
Name of Applicant

- Describe the type of transportation service needed.  
Doctors visits
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
Elkins Park Pa Phila. Pa. 19141
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
weekly, sometimes multiple times a week.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
cause they are either late or sometimes don't come at all.
- Have you supported similar applications in the past? If so, who was the applicant?  
No

### VERIFICATION OF STATEMENT

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Joyce Johnson  
(Signature of Supporter)

12-23-2015  
(Date)

Joyce Johnson  
(Supporter's Name, printed or typed)

**RECEIVED**

JAN 25 2016

Please print or type.

Celisa Jones

Name of Supporter

3200 D Authority Terr Phila Penna 19129

Street Address

City or Municipality

State

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

A.M.B Transportation

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

609 Germantown Pike - East Norriton

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes. Other copies are late

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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Celisa Jones

(Signature of Supporter)

1-5-16

(Date)

Celisa Jones

(Supporter's Name, printed or typed)

RECEIVED

JAN 25 2016

Please print or type.

Fred S. M. A. L. K.

Name of Supporter

1015 E Philadelphia

Street Address

City or Municipality

PA

State

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

AMB

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Philly PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Phila PA South Philly PA

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Cab Alternative Not available

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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Fred S. M. A. L. K.

(Signature of Supporter)

1/6/16

(Date)

Fred S. M. A. L. K.

(Supporter's Name, printed or typed)

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JAN 25 2016

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Celeste Mayfield  
Name of Supporter

4001 Conshohocken Ave City Phila. PA 19131  
Street Address City or Municipality State Zip Code

Apt 105

Lee-Lee Non-Emergency Medical Transportation LLC  
Name of Applicant

- Describe the type of transportation service needed.

NON-Emergency Medical Transportation

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

5911 Lancaster Ave Phila PA 19151

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 Times weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Not Courtesy enough / Never on time

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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JAN 25 2016

**VERIFICATION OF STATEMENT** PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

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Celeste Mayfield  
(Signature of Supporter)

12/21/15  
(Date)

Celeste Mayfield  
(Supporter's Name, printed or typed)

Please print or type.

Sophia Salley  
Name of Supporter

1835 S Yewdall St Phila PA 19143  
Street Address City or Municipality State Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC  
Name of Applicant

- Describe the type of transportation service needed.  
Now Emergency Medical Transportation
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
1300 W LeHigh Ave Phila PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
3 Times Weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
NEVER ON TIME
- Have you supported similar applications in the past? If so, who was the applicant?  
NO

### VERIFICATION OF STATEMENT

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Sophia Salley  
(Signature of Supporter)

12-28-15  
(Date)

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Sophia Salley  
(Supporter's Name, printed or typed)

JAN 25 2016

Please print or type.

Frances Bentley  
Name of Supporter

5419 Regent St Phila PA 19143  
Street Address City or Municipality State Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC  
Name of Applicant

- Describe the type of transportation service needed.

Now Emergency Medical Transportation

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

3901 Fox St Phila PA 19129

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 Times weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

vehicles never clear

- Have you supported similar applications in the past? If so, who was the applicant?

NO

### VERIFICATION OF STATEMENT

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Frances Bentley  
(Signature of Supporter)

12/28/15  
(Date)

FRANCES BENTLEY  
(Supporter's Name, printed or typed)

RECEIVED

JAN 25 2016

Please print or type.

Maurice Martin

Name of Supporter

3002 W 26<sup>th</sup>

Street Address

Phila

City or Municipality

PA

State

19132

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

Non Medical Transportation  
Emergency

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

3300 Henry Ave Phila PA 19129

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 Times Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Never on time

- Have you supported similar applications in the past? If so, who was the applicant?

NO

### VERIFICATION OF STATEMENT

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Maurice Martin

(Signature of Supporter)

12/31/15

(Date)

Maurice Martin

(Supporter's Name, printed or typed)

RECEIVED

JAN 25 2016

Please print or type.

Ernest Warfield

Name of Supporter

5715 W 17<sup>th</sup>

Street Address

Phila

City or Municipality

PA

State

Zip Code

Lee-Lee Non-Emergency Medical Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.  
NON Emergency Medical Transportation
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
3 Times weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
Never on time
- Have you supported similar applications in the past? If so, who was the applicant?  
NO

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*Ernest Warfield*

(Signature of Supporter)

1/8/16

(Date)

Ernest Warfield

(Supporter's Name, printed or typed)

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JAN 25 2016


Derrick E. Carpenter  
c/o Lee-Lee Non-Emergency Medical Transportation LLC  
1503 W. Tioga Street  
Philadelphia, Pa. 19140



Used  
RTS  
1.42

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA. 17105-3265

Attn: Rosemary Chiavetta, Secretary  
Re: Docket # A-2015-2501696  
Supporting Statements

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JAN 25 2016

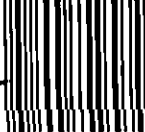
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SECRETARY'S BUREAU

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FROM: *DERRICK E. CARPENTER*  
*C/O Lee-Lee Non Emerg. Med. Trans. LLC*  
*1503 W TIoga ST*  
*Phila., Pa. 19140*

TO: *COMM. OF Pennsylvania*  
*Pennsylvania PUC*  
*P.O. Box 3265*  
*Harrisburg, Pa. 17105-3265*

*ATTN: Rosemary Chiavetta, Secretary*

Label 228, July 2013

FOR DOMESTIC AND INTERNATIONAL USE

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