

CAPTION SHEET

CASE MANAGEMENT SYSTEM

1. REPORT DATE: 00/00/00	:	
2. BUREAU: ALJ	:	
3. SECTION(S):	:	
5. APPROVED BY:	:	4. PUBLIC MEETING DATE:
DIRECTOR:	:	00/00/00
SUPERVISOR:	:	
6. PERSON IN CHARGE:	:	7. DATE FILED: 11/06/06
8. DOCKET NO: C-20067051	:	9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT: MCPIERCE, ELSIE

RESPONDENT/APPLICANT: PHILADELPHIA GAS WORKS

COMP/APP COUNTY: PHILADELPHIA

UTILITY CODE: 125042

ALLEGATION OR SUBJECT

COMPLAINANT STATES UNABLE TO RECEIVE REASONABLE PAYMENT PLAN AFTER REMOVED FROM CRP PROGRAM. SHE WOULD LIKE THE PUC TO GIVE A REASONABLE PAYMENT PLAN THAT FITS INCOME.

DOCKETED
NOV 09 2006

**DOCUMENT
FOLDER**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

C-20067051

2005 10 11 - 6 11 5: 07

SECRETARY'S SECRETARY

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Ms. Elsie McPierce

Street/P.O. Box 2009 S. BOULDER ST Apt #

City Philadelphia State PENNA Zip 19145

County

Area Code/HOME Phone 215-551-3580

Area Code/WORK Phone

Utility Account Number PGW-5113587212 (from your bill)

ORIGINAL

If your complaint involves utility service provided to a different address than your mailing address, please list this information below.

Name

Street/P.O. Box

City State Zip

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE (local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER (taxi, moving company, limousine)

15

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

My Complaint: Unable to receive an affordable payment agreement, after being removed from the CRP program without proper notification. Letters were written w/ copies of bills and expenses to explain my situation (see attached) calls were made in August - September 2006, still trying to make an agreement. Permission advice received in Sept 2006, contacted the PUC. Bill need to be reviewed.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I want the PUC to order (after reviewing information) PGW to give me an affordable payment agreement in accordance with my changes in monthly finances (see attached letter of explanation to Mr. Knudsen (PGW)).

Please note: As noted in letter to PGW and Company by Mr. Knudsen. I need assistance, I'm also contacting other agencies because I want the bill paid.

Thank you

P.S. Please review attached letter / notes of phone calls.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I Elsie McPierce, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

M. Elsie McPierce
(Signature)

10/30/04
(Date)

9. **LEGAL REPRESENTATION (IF ANY)**

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. **FILING**

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
--	--

Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

(1)

Pa. Pennsylvania Public
Utility Commission

2009 S Bouvar ST
Phila. Pa. 19145
October 30, 2006

Re: Complaint (Addendum)

My Complaint noted calls made to PGW
The dates are as follows.

Call to PGW → 3/3/06 Called to inform PGW of illness

Call to PGW → 4/11/06 Called PGW: Re: Shut-off notice
Spoke w/ Janice, Tried to explain illness and late
Payment, Representative Vern Rube

Called back 4/11/06 spoke w/ Mr. Green who stated
will note records, make payment by 4/17/06

Call to PGW → 4/15/06 made payment at office (\$110⁰⁰)

Call to PGW → 4/28/06 Called PGW upon being discharged from
Hospital, spoke w/ Joe, payment will be late
Records to be noted.

Continued with CRP Payments

Recertification for CRP Program was returned
May 29, 2006, (See attached)

Continued with CRP payments until notice
of gas bill was received requesting payment in
full, received 8/18/06, (See attached)

Call to PGW → 8/21/06 Called PGW, spoke w/ Bill, was informed No. longer
on CRP Program.

Call to PGW → 9/22/06 Called PGW, gave financial information was asked
to pay \$327⁰⁰ by 9/29/06, I stated would try but
this amount is too much.

(2)

10/30/06

Re: Complaint (Addendum)
Calls to Pub. Gas Workers (Continued)

Call to PGW = 10/2/06 Called PGW. Stated could not afford payment of \$327⁰⁰, was told to contact PUC

note: Contacted the Public Utility Commission

Monthly payments continue to be made at PGW (Current Monthly Payments)

Call to PGW = 10/24/06 Called PGW again for an attempt to request an affordable plan. Spoke w/ Ms Thomas who was quite abrupt and stated I must now pay \$709⁰⁰, she never asked about what I could afford only pay \$709⁰⁰ as a downpayment on my bill.

As also noted in my Complaint, Letters were sent to PGW. (See attached)

(3)

10/30/04

JE: Complaint (Continued)

In Conclusion please note changes in financial situation

Work Hours are Monday to Thursday from 10³⁰ am to 6¹⁵ pm at \$11.00 per hour.

My Employer closes the office one week - Every other month

August 2006, closed office one week

October 2006, closed office one week

We will close again in November 2006

only 3 Days

December 2006, closes for one week

There is NO Benefits, When our office closes, there is NO PAY

Hardship is incurred during this time

Every Effort is being made to get Assistance with this Bill.

That is why I request an Order for a Bill Review and an Affordable Agreement.

Thank you kindly

MS. Elsie McQuince

Sent
to
PGW

*Elsie Mc Pierce
2009 S, Bouvier St.
Philadelphia, Pa. 19145
August 26, 2006*

Dear Mr. Knudsen

Hello, I'm writing this letter to you because of the problem with PGW, since May 2005 I've been on the CRP program with hardship trying desperately to pay my bill, and upon calling PGW on 8/21/06 was told I was no longer eligible for the program.

Sir, for a number of years it's been a struggle I work 4 days a week from 10.30am until 6.15pm, now at \$11.00 per hour with no benefits, when I'm out sick I receive no pay also, our office close for one week every two/three months again no pay is received for this time off, I've been employed at this present job for two years, prior to that my former employer had to close after 15 years there and a layoff, we were under The Allegheny University Health Systems scandal ending in bankruptcy in 1998 with the final closing of our office in 2002. In October 2004, October 2005, and April 2006 I was hospitalized due to severe chest pain, elevated blood pressure and a severe joint disease combined with Carpal Tunnel disease in both arms and hands, my days are very, very painful all medication is paid out of pocket which at times I can't afford therefore I go without, all this information along with bills and hospital papers was sent to Elsa Leung I received no response that is why I called on 8/21/06 because of the bill received, I cannot afford my services to be terminated my health would suffer and I must work.

I hope this matter will be reviewed and consideration given the program was definitely a hardship, but I could not get anything better from PGW.

I appreciate your time in reviewing this letter and hope for a positive resolution in this matter.

*Thank You Kindly.
Sincerely,
Ms. Elsie Mc Pierce.*

Discharged
4/24/06

MCIERCE, ELSIE
ADM: 04/23/06 Sex: F
ACCT # DOB: 09/28/50 55Y
MRN: 083191495 ACCT#: 0037403371
ME 2694114 SHKLAR, DAVID

INSTRUCTIONS TO PATIENT

form title: 5283D
form number: 07/04
revision date:

Methodist Hospital
Thomas Jefferson University Hospital
Jefferson Health System
2301 South Broad Street
Philadelphia, PA 19148

IMPORTANT: DO NOT WRITE IN MARGINS

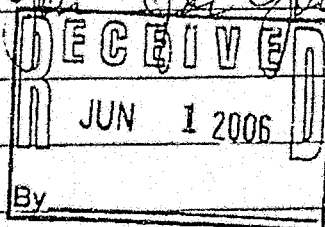
Diagnosis: <u>Chest Pain</u>		Date: <u>4/24/06</u>
Follow-up Appointment(s)		Specify Date or Interval
Doctor: <u>JHAD - Dr Ketchum</u>	Phone #: <u>215-955-8465</u>	Appt: <u>with 1 week</u>
Doctor:	Phone #:	Appt:
Doctor:	Phone #:	Appt:
Medication/Dosage/Frequency <input type="checkbox"/> Change/New (checked boxes)		<input type="checkbox"/> 7
<u>Motrin 600mg every 8 hours</u>		<input type="checkbox"/> 8
<u>200mg Norvasc 3 times daily</u>		<input type="checkbox"/> 9
<u>Aspirin 81mg once daily</u>		<input type="checkbox"/> 10
<u>Diclofenac 75mg once daily</u>		<input type="checkbox"/> 11
<u>Lipressor 25mg twice daily</u>		<input type="checkbox"/> 12
<input type="checkbox"/> 6		<input checked="" type="checkbox"/> ADDITIONAL MEDICATION SHEET ATTACHED
Activity Restrictions Carefully follow your discharge instructions and restrictions of any routine activities. It is up to you to let your health care team know about your specific activities.		
Driving: <input checked="" type="checkbox"/> No Restriction <input type="checkbox"/> Restriction/Duration (specify)	Lifting: <input checked="" type="checkbox"/> No Restriction <input type="checkbox"/> Restriction/Duration (specify)	
Stairs: <input checked="" type="checkbox"/> No Restriction <input type="checkbox"/> Restriction/Duration (specify)	Sexual: <input checked="" type="checkbox"/> No Restriction <input type="checkbox"/> Restriction/Duration (specify)	
Walking: <input checked="" type="checkbox"/> No Restriction <input type="checkbox"/> Restriction/Duration (specify)	Bathing: <input checked="" type="checkbox"/> No Restriction <input type="checkbox"/> Restriction/Duration (specify)	
Work/School: <input checked="" type="checkbox"/> No Restriction <input type="checkbox"/> Restriction/Duration (specify)		
Preventive Instructions		Smoking Cessation Recommended: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Flu Vaccine Recommended: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pneumonia Vaccine Recommended: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Flu Vaccine Given: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pneumonia Vaccine Given: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Diet: <input type="checkbox"/> No Restriction	<input checked="" type="checkbox"/> Diet Instructions Given to Patient/Family <u>LOW SALT LOW FAT DIET</u>	
Treatments/Wound Care and Special Instructions <u>30 grams of fat (POLYUNSATURATED FAT)</u> <u>Extra virgin olive oil = omega 3 fatty acids</u>		
Pain Management: <u>Motrin for chest pain</u>		
<input type="checkbox"/> Home Care Referral Made		
<input type="checkbox"/> Attaching Supplied Own Printed Instructions		
Discharge Destination: <u>home</u>	Individual Responsible For Care:	Phone #:
These discharge instructions have been explained to the Patient/Family. I have received and understood the above instructions.		
Patient/Family Signature:		Date:

CRP

2009 S. Boulevard
Phila Pa 19145
May 29, 2006

Dear Sir Madam

I've attached the information
need to Re certify me for the
CRP Program. My situation have
not changed much, Except as of June 6, 2006
my hours at work will less and I
have no Medical benefits, No benefits at all!
Therefore all medication from 2004 to
Present are still out of pocket and therefore
only a few pills can be purchase at a time
because of my condition and joint disease
I work daily in severe pain, I cannot
afford visits to the Physician and only
in Emergency situations, this is a
Hurdship for me, because by this time
my health problem have Escalated
I've trial very hard on this CRP
Program and hope to remain on
the program. Also I live alone,
Thank you for your time and consideration.



Dorothy
McEneaney



PHILADELPHIA GAS WORKS
830 WEST MONTGOMERY AVE
PHILADELPHIA, PA 19122

Peril
3/23/06

RE Account # 005113587212

Date 5/22/06

Dear PGW Customer,

PGW has reviewed your Customer Responsibility Program (CRP) Application Recertification Form. Unfortunately, we are unable to process your application for the following reason.

- A. You have not provided all required information or
- B. We may need to receive additional information to support your documentation

You must re-submit the completed forms and papers returned to you plus copies of all of the following documents:

1. Current Proof of Income for Everyone Living in Your Home.
Example: Pay stubs for at least the last 4 weeks, DPA information; letter from employer, social security disability documentation, child support documentation; etc.
2. Copies of Social Security Cards for Everyone Living in your Home.
3. Additional information to verify your household status:

Proof of payment/non-payment for everyday living expenses. (Such as food, shelter and other utility expenses).

Complete enclosed "Income Support Documentation" form.

Proof of employment/unemployment for other adult(s) in household

Provide proof of amounts of assistance received from Department of Public Assistance.

If receiving food stamps from DPA, you must provide copy of both the front and back of your Eligible Notice or confirming Notice Change from your County Assistance Office (must include sections A through E of notice).

Information that you have submitted indicates that Mr./Mrs. _____ also resides in your household. If s/he is not residing in your household, you must provide proof of Mr./Mrs. _____'s current residence (i.e. rental agreement, utility bill).

Other: MWT Provide All Current Proof of Income For Past 30 Day.
0 Copies of All SS Cards.

4/29/06
live alone
Exp

live alone
Exp

Your application and required documentation may be mailed to the address below or taken to one of our Customer Service centers.

Philadelphia Gas Works
Customer Responsibility Program
P.O. BOX 3529
Philadelphia, PA 19122-0529

Mailed
5/29/06

You must provide PGW with the above information to apply for or re-certify for CRP. If the above requirements are not met, you will not be enrolled in CRP or you may be removed from CRP if re-certifying.

Traducción en español, llame a (215) 235-2175

Sincerely,

Philadelphia Gas Works Representative

2009 S Boulevard ST
Phelan Ph. 14145
April 29 2006

Dear Sir / Madam

On April 2, 2006, a letter was sent addressed to Mrs Leung (copy attached) the concern for paying off, this Gas bill is Great.

I made a Payment on My CRP Agreement 4/17/06, subsequent due to Health I was told a Reconciliation form would be sent since that time I grew worse and was hospitalized 4/23/06 because I need my services and truly want to remain on the CRP Program

In the person for this sent letter however I called on 4/28/06 to make arrangements to get caught up, the Gentleman was very helpful. Please know this is a very important matter and whenever the Reconciliation letter is received I will comply

II

As stated I truly need my services and
cannot afford higher payments at
present still without Health benefits
my medications are out of pocket also
now responsible for a Hospital bill
along with other bills.
I hope you patron and
consultant in this matter.
Thank you kindly

Sincerely
Ms Elsie McJannet
215 337-3380

pgw/ckp

2009 S Beaver St
John Pa. 19145
April 2, 2005

Dear Mrs. Leung,

Hello, My name is Cassi McQueen, pgw
account # B113587212,
I'm writing because as a customer on the
CKP program I'm concerned due to illness
I fell delinquent with my payments and do
not want to be removed from the CKP program
It's been helpful because I truly want
to eventually pay off my delinquent bill but
due to the fact when I'm out sick I
do not get paid it's been very difficult
I have no Health Benefits and we're
not paid for any time off, No Benefits!
Writing my wife the proper thing to do
but it was out of control, whenever I
fall delinquent it's because of illness with
no additional help and very little as far
as my pay rate, It's difficult to
bear with me as I make every effort
to get out of this delinquency status
My health is not good, and the problem
I have are chronic, but hopefully
within six months we're promised
Benefits.

(2)

Thank you kindly for your understanding
and patience in this situation

Sincerely
A. E. [Signature]



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

DATE SERVED: NOVEMBER 9, 2006

C-20067051

LAURETO FARINAS ESQUIRE
PHILADELPHIA GAS WORKS
800 W MONTGOMERY AVE
PHILADELPHIA PA 19122-2898

**DOCUMENT
FOLDER**

Dear Mr. Farinas:

A complaint has been filed against you before the Pennsylvania Public Utility Commission by ELSIE MCPIERCE. To defend yourself against the claims stated in the following pages, you must act within twenty (20) days by filing in writing with the Commission, either personally or through your attorney, your defenses or objections to the claims stated against you. Or, you may satisfy the complaint by settling the matter with the Complainant and submitting proof of settlement to the Commission within twenty (20) days.

IF YOU FAIL TO RESPOND WITHIN TWENTY (20) DAYS, THE CASE MAY GO FORWARD IN YOUR ABSENCE AND A JUDGEMENT MAY BE ENTERED AGAINST YOU BY THE COMMISSION WITHOUT FURTHER NOTICE.

CUSTOMER OF A UTILITY

A payment schedule may be prescribed or a termination of utility services may be authorized. You may lose money or property or other rights important to you.

COMPANY/UTILITY

An Administrative Law Judge may revoke or suspend any certificate or permit held by you, or impose a fine, or any other appropriate penalty or remedy authorized by the Public Utility Code. You may lose money or property or other rights important to you.

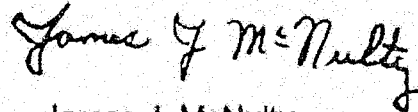
Detailed instructions on how to proceed are contained in the attached pages. You are advised to read them carefully.

NOVEMBER 9, 2006

Unless you are a corporation or other organization, you may proceed without a lawyer. However, if you want a lawyer and do not have one or cannot afford one, the office listed below can tell you where you can get legal help:

Pennsylvania Lawyer Referral Service
Pennsylvania Bar Association
P.O. Box 186
Harrisburg, PA 17108
(800) 692-7375

Very truly yours,

A handwritten signature in cursive script that reads "James J. McNulty". The signature is written in dark ink and is positioned above the printed name and title.

James J. McNulty
Secretary

SS

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: NOVEMBER 9, 2006

ELSIE MCPIERCE

Complainant

v.

PHILADELPHIA GAS WORKS

Respondent

Complaint Docket
No: C-20067051

DOCKETED

NOV 09 2006

FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

TO: PHILADELPHIA GAS WORKS

TAKE NOTICE:

**DOCUMENT
FOLDER**

That a complaint in the above entitled matter, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. Section 702 of the Public Utility Code, 66 Pa. C.S. Section 702, requires the Commission to serve on each party named in a complaint a copy of the complaint and notice calling upon each party to satisfy the complaint, or to answer the same in writing within a specified time; THEREFORE,

1. You have twenty (20) days from the date on which this complaint is served to either satisfy this complaint or to file with the **Secretary of the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105-3265**, an answer (original and three copies), in writing, under oath, which, as required by Section 5.61 of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 5.61, either affirms or specifically denies the allegations in this complaint. You must also serve a copy of the answer upon the complainant. The date of service is the mailing date as indicated by the date at the top of this Notice. Section 1.56(a) of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 1.56(a).

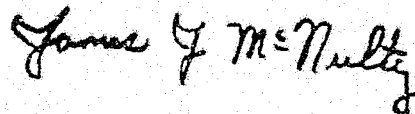
2. If you fail to either satisfy this complaint or to file answer or other responsive pleading within twenty (20) days, you will be deemed to have admitted all the allegations in this complaint in accordance with Section 5.61 of the Commission's Rules of Administrative Practice and Procedure, 52 Pa. Code Section 5.61. In that event, the Commission may, without hearing, enter an order which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C.S. Section 101, et seq.; and, if

you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

3. If you elect to satisfy this complaint you must file, within twenty (20) days from the date on which this complaint is served, affidavits executed by each complainant that this complaint has been satisfied. Such affidavits must describe the basis on which this complaint was satisfied; any settlement agreement between the parties must be reduced to writing and attached to the affidavit. Such affidavits are to be filed with the Secretary of the Commission at the address set forth in paragraph 1. Upon receipt of affidavits of satisfaction from all complainants, this complaint may be dismissed by the Commission in accordance with Section 703(a) of the Public Utility Code, 66 Pa. C.S. Section 703(a), unless the Commission determines that such dismissal would be contrary to the public interest, in which event the Commission may direct that hearings be held upon the complaint.

4. If you file an answer which admits the allegations in this complaint, or which fails to specifically deny the allegations in this complaint, the Commission may, without hearing, enter an order which either revokes or suspends any certificate held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

5. If you file a timely answer which specifically denies the allegations in this complaint, or which raises material questions of law or fact, this matter shall be referred to the Office of Administrative Law Judge for hearing and decision. If, after hearing on the issues raised by that answer, you are found to have committed any of the violations alleged in the complaint, the Administrative Law Judge may render a decision which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. In the imposition of a penalty after a hearing the Administrative Law Judge is not bound by the relief sought by the complainant in paragraph 4 of the attached complaint.

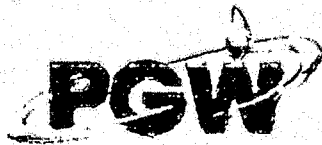


James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

Philadelphia Gas Works
800 West Montgomery Avenue, Philadelphia, PA 19122



Mary M. Chan, Paralegal
Legal Department
Direct Dial: (215) 684-6830
Fax: (215) 684-6798
E-mail: mary.chan@pgworks.com

November 29, 2006

James McNulty, Secretary
Pennsylvania Public Utility Commission
Room B-20, North Office Building
Harrisburg, PA 17105-3265

ORIGINAL

RE: Elsie McPierce vs PGW, Docket No. C-20067051

Dear Secretary McNulty:

Pursuant to 52 Pa. Code §5.61, the Philadelphia Gas Works ("PGW") hereby files the original and three (3) copies of its Answer to the Complaint in the above captioned matter.

If additional information is required, please do not hesitate to contact the undersigned. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "M. Chan", written over the word "Sincerely".

Mary M. Chan

**DOCUMENT
FOLDER**

Enclosure

cc: Elsie McPierce
Anne Marie Cromley

DOCKETED

DEC 01 2006

RECEIVED

NOV 29 2006

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

JK

49

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

ORIGINAL

Elsie McPierce

v.

Philadelphia Gas Works

:
:
:
:
:

Docket No. C-20067051

Answer of the Philadelphia Gas Works

Pursuant to 52 Pa. Code §5.61, the Philadelphia Gas Works ("PGW") hereby answers the Complaint filed in the above captioned matter. PGW hereby avers the following:

1. Admitted.
2. Admitted.
3. Admitted.

4. (a) Admitted in part; denied in part. PGW denies that there are any charges on the Complainant's gas bill. It is admitted that the Complainant received a termination notice. It is further admitted that the Complainant requests a payment arrangement. By way of further answer, the Complainant entered into a payment arrangement on September 22, 2006 of \$113 in budget bill plus \$40 towards the arrears per month. The Complainant broke this agreement through non payment.

(b) Admitted in part; denied in part. PGW denies the averment that the Complainant cannot receive an affordable payment arrangement. The Complainant's payment arrangement is based upon the Complainant's income and the income guidelines provided by the Commission.

It is admitted that the Complainant was removed from PGW's Customer Responsibility Program (CRP) as she was no longer income eligible. PGW denies the averment that the Complainant was removed without proper notification. PGW records indicate that the Complainant was made

RECEIVED

NOV 29 2006

PA PUBLIC UTILITY COMMISSION
CORPORATE COUNSEL'S BUREAU

DOCKETED

DEC 01 2006

DOCUMENT
FOLDER

inactive for CRP on July 17, 2006, when the Complainant mailed in a recertification form along with household income. It's PGW procedure to notify the customers of the ineligibility of CRP by correspondence.

It is admitted that the Complainant made the telephone calls on the listing provided on this Complaint.

It is admitted that the Complainant received a termination notice. It is further admitted that the Complainant contacted this Commission for assistance.

By way of further answer, the Complainant has filed a Complaint with this Commission previously, on June 28, 2001 and November 4, 2003. On both occasions, the Complainant settled the Complaints by entering into a payment arrangement.

The Bureau of Consumer Service (BCS) decision dated October 16, 2006, which is attached hereto as Exhibit "A," closed the Complainant's account without assistance.

5. Denied. The averment in Paragraph 5 of the Complaint is a request for relief to which no response is required. PGW therefore denies the averments in this paragraph.
6. Admitted.
7. Admitted.

Wherefore, PGW respectfully requests that this Commission find against the Complainant, and affirm the decision of the BCS in this matter.

Respectfully submitted,

November 29, 2006

A handwritten signature in black ink, appearing to read "Laureto Farinas", is written over a horizontal line. A large, sweeping flourish extends from the left side of the signature.

Laureto Farinas, Esquire
Philadelphia Gas Works
800 W. Montgomery Avenue
Philadelphia, PA 19122
(215) 684-6982

EXHIBIT A

RECEIVED

NOV 29 2006

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- <Case>
<CaseNbr>2150160</CaseNbr>
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<CompanyCode>0766</CompanyCode>
<CompanyType>GAS TRANSPORTER</CompanyType>
- <Customer>
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<CustomerMiddleInitial>L</CustomerMiddleInitial>
<CustomerLastName>MCPIERCE</CustomerLastName>
<AccountNumber>5113587212</AccountNumber>
- <CustomerServAddress>
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BCS
JB

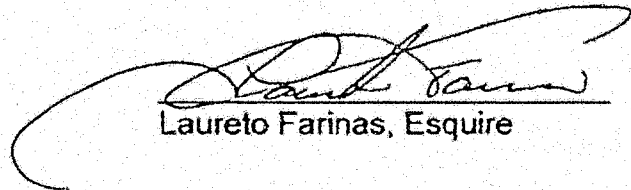
Page 3 of 13

<HeadDate>2006-10-16</HeadDate>
- <OtherInfo>
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<BCSInvestigatorLName>SEAVER</BCSInvestigatorLName>
<NbrOfTimeSend>1</NbrOfTimeSend>
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<PUCFax FaxAreaCode="717">7876641</PUCFax>
</OtherInfo>
</Case>
- <Case>

VERIFICATION

I, Laureto Farinas, hereby declare that I am counsel for the Philadelphia Gas Works. I am authorized to make this verification on its behalf. The facts set forth in the foregoing Answer are true and correct to the best of my knowledge, information and belief. I expect to be able to prove these facts at a hearing held in this matter. This verification is made subject to the penalties of 18. Pa. C.S. §4904, concerning false statements to authorities.

Dated: November 29, 2006


Laureto Farinas, Esquire

CERTIFICATE OF SERVICE

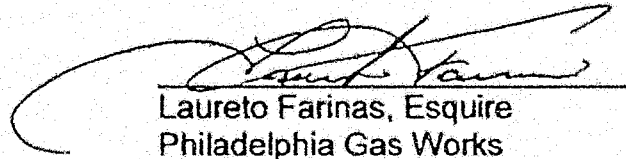
I HEREBY CERTIFY THAT I HAVE THIS DAY SERVED A TRUE COPY OF THE FOREGOING DOCUMENT UPON THE PARTICIPANTS LISTED BELOW, IN ACCORDANCE WITH THE REQUIREMENTS OF 52 PA CODE §1.54 (RELATING TO SERVICE BY A PARTICIPANT).

Service List:

For Complainant:

Elsie McPierce
2009 South Bouvier Street
Philadelphia, PA 19145

Dated: November 29, 2006



Laureto Farinas, Esquire
Philadelphia Gas Works
800 W. Montgomery Avenue
Philadelphia, PA 19122
(215) 684-6982

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NOV 29 2006

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
Office of Administrative Law Judge
P.O. BOX 3265, HARRISBURG, PA 17105-3265
December 5, 2006

IN REPLY PLEASE
REFER TO OUR FILE

In Re: C-20067051

(SEE ATTACHED LIST)

Elsie McPierce v. Philadelphia Gas Works

Requests payment arrangements

Hearing Notice

This is to inform you that your case is scheduled for hearing at 9:30 a.m. in an available Hearing Room in the Philadelphia State Office Building. Your case is one of several cases that have been scheduled at this time in the same hearing room. You must be available in the hearing room when your case is called by the presiding Administrative Law Judge. You should arrive at the Hearing Room no later than 9:15 a.m. and wait in the Hearing Room until the presiding Administrative Law Judge calls your case. Your case might not be the first one to be called and you should be prepared to stay in the hearing room all morning, if necessary. If you are not present and prepared to go forward with your case when it is called, your case will be dismissed by the Administrative Law Judge.

Type: Initial Hearing

Date: Thursday, February 8, 2007

Time: 9:30 a.m.

Location: In an available Hearing Room
Philadelphia State Office Building
Broad and Spring Garden Streets
Philadelphia, Pennsylvania

DOCUMENT
FOLDER

BTL

DOCKETED
DEC 14 2006

Presiding: Administrative Law Judge Cynthia W. Fordham
1302 Philadelphia State Office Building
1400 West Spring Garden Street
Philadelphia, PA 19130
Telephone: (215) 560-2105
Fax: (215) 560-3133

Attention: You must be available in the hearing room when your case is called by the presiding Administrative Law Judge. If you are not present and prepared to go forward with your case when it is called, your case will be dismissed by the Administrative Law Judge.

If you intend to file exhibits, bring 4 copies with you to the hearing.

Individuals may represent themselves or be represented by an attorney. Individuals representing themselves do not need to be represented by an attorney. If you have an attorney representing you, your attorney should file a Notice of Appearance before the scheduled hearing date.

If you are a person with a disability, and you wish to attend the hearing, we may be able to make arrangements for your special needs. Please call the scheduling office at the Public Utility Commission at least (2) two business days prior to your hearing:

- Scheduling Office: (717) 787-1399.
- AT&T Relay Service number for persons who are deaf or hearing-impaired: 1-800-654-5988.

pc: Judge Fordham
Dawn Reitenbach
Beth Plantz
Docket Section
Calendar File