

COVER PAGE

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 North Street HARRISBURG, PA 17120

November / 13 /2018

OFFICE OF THE SECRETARY
Secretary: Rosemary Chiavetta

Mr. Amir V. Williams

v.

P. E. C. O.

Re: C-2018-3000734



COOKE FAMILY HEALTH CARE CENTER.

1300 W. Loudon Street, Philadelphia, PA 19141
Ph: 215.457.6902 Fax: 215.457.6903

FAX

To: PECO From: Sarah Combs, PA-C
Fax: _____ Date: 10/24/18
Phone: _____ Pages: _____
Re: Amir Williams

Urgent For Review Please Comment Please Reply Please Recycle

•Comments:

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An Exelon Company

REQUEST FOR MEDICAL CERTIFICATION
(Solicitud De Un Certificado Medico)

Dear Physician, Physician Assistant, or Nurse Practitioner:

Electric and/or gas service could be shut off at the service address below unless you certify that the individual listed on this form has an illness or condition that would be aggravated by the absence of utility service. If the electric and/or gas service has already been shut off, this certification will be used to reconnect service due to the medical necessity.

All requested information on this form must be completed for this medical certificate to be valid. Please note that certification is only accepted from a licensed physician, physician assistant, or nurse practitioner.

FOR COMPANY USE ONLY

Account No: 19645-00902	Mailing Date: 10/24/2018
Name and Service Address of Customer: AMIR WILLIAMS 5600 OGONTZ AVE *APT A31 PHILADELPHIA PA 19141	Address: PECO Medical Certificate Verification Dept. 4275 Bridge View Drive North Charleston SC, 29405
<input checked="" type="checkbox"/> Mail to Customer	Phone No: 1-888-480-1533
<input type="checkbox"/> Fax to Doctor	Fax No: 1-800-590-2799
Fax No:	

TO BE COMPLETED BY THE CUSTOMER

Is your service off?	Yes	No
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Name of Seriously Ill Person:	AMIR WILLIAMS
Address of Seriously Ill Person:	5600 OGONTZ AVE *APT A31 PHILADELPHIA PA 19141
Relationship to Customer:	Self
Home Phone Number:	(267) 778-7652
Mobile Phone (Optional)*	(267) 778-7652

*If provided, PECO will send you an application status update via text message. Message and data rates may apply.

TO BE COMPLETED BY LICENSED PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER

Please indicate your title:	<input type="checkbox"/> Physician	<input checked="" type="checkbox"/> Physician Assistant	<input type="checkbox"/> Nurse Practitioner
Physician/PA/NP Name:	Sarah Combs PAC		
License Number:	MA059439		
Office Address:	1300 W London St Philadelphia PA 19141		
Office Phone #:	215-457-6902		

I certify that in my professional opinion the above patient is ill and that this condition would be aggravated by the absence of electric and/or gas service. This certificate is valid for the expected length of the illness, up to a maximum of 30 days, unless it is renewed.

(Physician, Physician Assistant, or Nurse Practitioner Signature)
 DATE: 10/24/18
 No signature is required with a valid Protection From Abuse Order (PFA) on file with PECO.

TX Result Report

P 1

10/24/2018 15:44

Serial No. A4Y4011007682

TC:00223649

Addressee	Start Time	Time	Prints	Result	Note
Peco	10-24 15:42	00:01:51	002/002	OK	ORG

Result OK : Communication OK S-OK : Stop Communication Busy : Busy No Ans : No Answer TEL : RX from TEL Refuse : Receipt Refused
Cont : Continue LOVR : Receiving Length Over SOVR : Exceed Broadcast No. M-Full : Memory Full
NG : Other Error IL-PJL : PJL Error MDN-ER : MDN Resp. Error DSN-ER : DSN Resp. Error LGN-ER : Login Error

Note TMR : Timer TX PC : PC-Fax POL : Polling Call : Manual TX
FWD : Forward Fcode : F-Code BUL : Bulletin I-FAX : Internet Fax ORG : Original Size

YOUR ELECTRIC/GAS HAS BEEN SHUT-OFF

(AVISO DE SUSPENSION DE SERVICIO)

WE SHUT OFF YOUR ELECTRIC/GAS SERVICE BECAUSE:

You did not pay your past due bill.

Other: _____

Name: AMIR WILLIAMS Date: 10/23/18
 Address: 5600 OGONTZ AVE PHILADELPHIA Account: 1964500902

TO HAVE YOUR SERVICE RESTORED, CALL OUR OFFICE at 1-888-480-1533.

You must contact us after your payment has been made to be sure you've met all conditions to have the service turned back on and to arrange access to your premises.

You must pay the following before we can restore your service:

- Past Due Amount of \$ 355.55 ; and
- Deposit Amount of \$ 0.00
- Agreement Unbilled Balance \$ 0.00
- **Total \$ 355.55
- Reconnection Charge(s) \$ _____

You may be required to pay any additional bills that have become past due to restore your service.

**Since your service has been terminated, you may have to make substantial payments to have your service restored. In addition to any balance owed, you will have to pay a reconnection charge of between \$20 and \$1,700. This fee is set by PECO and is based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

WE MAY BE ABLE TO QUICKLY RESTORE YOUR SERVICE IF:

- Someone in your home is SERIOUSLY ILL. Read the MEDICAL EMERGENCY NOTICE below.
- Your income is at or below 250% of the Federal Poverty Level. See the chart on the back of this notice and call us at 1-888-480-1533.

MEDICAL EMERGENCY NOTICE

Let us know if you or anyone presently and normally living in your home is SERIOUSLY ILL. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

1. Have your licensed physician, physician assistant or nurse practitioner certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off. Phone certification must be followed by written certification within 7 days.
 'AND'
2. Make some equitable arrangement to pay the company your current bills for service.

SEE OTHER SIDE FOR MORE INFORMATION

PECO Business Office hours are Monday through Friday, from 8:30 a.m. to 5 p.m. Our business office is located at:

2301 MARKET STREET, PHILADELPHIA, PA 19103.

TO PAY BY CREDIT CARD OR CHECK BY PHONE, CALL 1-877-432-9384.

Welcome to PECO

06)

PORTANT MESSAGE
From
PECO

C018

Cut-out non pay

10-24-18

01:40 PM

A 31

QUALITY COMMUNITY HEALTH CARE, INC.



Sarah Combs, PA-C
Physician Assistant

Telephone: (215) 457-6902
Fax: (215) 457-6903

Q.C.H.C.
Cooke Family Health Center
1300 W. Loudon St.
Philadelphia, PA 19141
scombs@qchc.org

CERTIFICATE OF SERVICE

Docket Number: C-2018-3000734

I hereby certify that I have this day served a true copy of the foregoing document upon the parties, listed below, in accordance with the requirements of § 5.14 (relating to service by party).

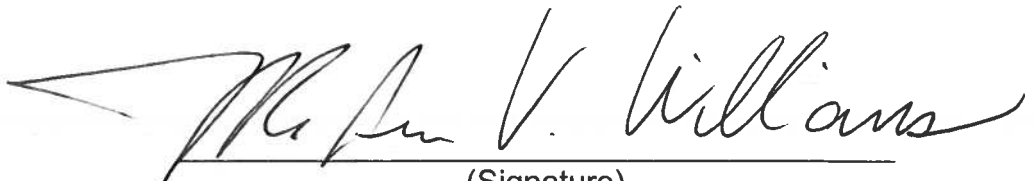
The Certificate of Service is a notification to the parties to the case of the Exception or Brief, etc. that you are submitting for filing.

(List names and addresses of parties and the way each was served such as; USPS, Email, Fax, Mail Service.

BEING SERVED VIA e-filing and USPS

*P.E.C.O. an EXELON Company
Legal Department
2301 Market Street / S23-1
Philadelphia, PA 19103
ATTN: SHAWANNE LEE*

Dated this 13th day of November, 20 18.



(Signature)



Certificate Of Mailing

From Mr. A. V. Williams
P.O. Box 28053
Phil. Pa. 19131-8053

To SHAWANE LEE
P.E.CO.
PHILA PA. 19103

U.S. POSTAGE
 PAID
 PHILADELPHIA, PA
 JUL 23 18
 AMOUNT
\$1.40
 R2305K143066-45

PS Form 3817 April 2007 PSN 7530-02-000-9065



1000



Certificate Of Mailing

From Mr Amir Williams
P.O. Box 28053
Philadelphia, PA 19131-8053

To PECO an Exelon Company
Legal Department
2301 Market St / 523-1
Philadelphia, PA 19103

U.S. POSTAGE PAID
 PHILADELPHIA, PA
 SEP 28 18
 AMOUNT
\$1.40
 R2305K142342-13

PS Form 3817 April 2007 PSN 7530-02-000-9065

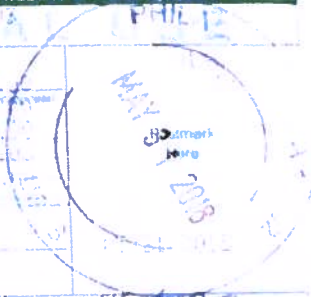
ATTN: SHAWANE LEE

7861 2861 691 0000 0400 0708

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

PHILADELPHIA, PA 19103	
Certified Mail Fee	\$ 4.00
Extra Services & Fees (check box, add fee)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.00
<input type="checkbox"/> Return Receipt (soft-copy)	\$ 3.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 3.00
<input type="checkbox"/> A-Lit Signature Required	\$ 3.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 3.00
Postage	\$ 1.40
Total Postage and Fees	\$ 10.40



Sent To PECO / SHAWANE LEE
 Street and apt. no. or PO box # 2301 MARKET ST / 523-1
 City, State, ZIP+4® PHILA PA. 19103

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 North Street, HARRISBURG, PA 17120
November 01, 2018

RE: Amir Williams vs. P. E. C. O. Energy Company-Electric

Docket Number: C-2018-3000734

ANSWER TO DEFENDANTS FILING

To: Rosemary Chiavetta

Secretary

Dear, Ms. Chiavetta in the above captioned case, my electric service was shut-off while my case was pending before the Commission. While waiting for a decision from your office the attorney for P. E. C. O. Shawnee Lee (hereinafter Lee), acted with malice aforethought in disregarding the devastating impact and effect of the having my electric service shut-off, with total disregard for my status as a senior citizen with disability.

Lee acted as judge, jury and executioner in violating my rights under the AMERICANS with DISABILITIES ACT. She acted belligerent and/or whimsical saying that there was nothing she could do in restoring my service, short of my making a \$355.55 payment immediately disregarding my status as person living on a fixed monthly income. She refused to issue me a Medical Certificate telling Ms. Turner from the P. U. C. by a phone call that I was not entitled. I had to make a personal appearance to force P. E. C. O.'s hand by coming into their corporate office and registering and receiving a company receipt C018 number, to prove in person that I possessed a "Doctor's Certificate" of a medical emergency to have my service restored.

Her actions and behavior in representing P. E. C. O. (AN EXCELON COMPANY) are nothing short of DISHONEST, UNDERHANDED, DIRTY and/or CRIMINAL and actionable Under Law. I have served Lee personally by "Certificate of Mail" (see, attachments) with the reason why I could not be present for a telephone hearing on July, 26, 2018. I also sent the Commission by Fed Ex on July 23, 2018 at a cost of \$27, 85 of my reason for not attending the phone call; which Fed Ex courier lost or misplaced somewhere in Harrisburg, Pa.

I ask the Commission to please give my filing before the 'Due Consideration' see, United States ex rel. Maine Potato Growers & Shippers Ass'n v. Interstate Commerce Commission, 66 App. D. C. 398, 88 F.2d 780,783.

Thank you

Mr. Amir V. Williams

_____/s/_____

Mr. Amir V. Williams

P. O. Box 28053
Philadelphia, Pa, 19131-8053