

RECEIVED

DEC 12 2018

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Specific Service Agreement Statement of Account SA- 889015543

Customer Name	From Date	To Date			
STAYCE NORTON	12/3/2016	12/3/2018			
Service Address	Account Number	S A Number	Meter	Rate/Class	
830 DISSTON ST PHIL, PA 191114427	433963151	889015543	1750893	GS	

STATEMENT

Transaction Date	Transaction Type	Read Reading	Read Code	# of Days	CCF Usage	Average CCF/Day	Heating DDDs	Payment Type	Due Date	Transaction Amount	Current Balance	Actual Balance
12/22/2016	BILL	3049	R	30	132	4.4	729		1/19/2017	\$183.92	\$2,261.59	\$2,261.59
1/26/2017	BILL	3224	R	35	175	5	893		2/21/2017	\$258.16	\$2,519.75	\$2,519.75
2/24/2017	BILL	3351	R	29	127	4.38	670		3/21/2017	\$198.05	\$2,717.80	\$2,717.80
2/28/2017	PAY							Credit Card		(\$419.59)	\$2,298.21	\$2,298.21
3/24/2017	BILL	3460	R	28	109	3.89	644		4/19/2017	\$163.80	\$2,462.01	\$2,462.01
4/26/2017	BILL	3526	R	32	66	2.06	309		5/19/2017	\$115.70	\$2,577.71	\$2,577.71
5/23/2017	BILL	3564	R	28	38	1.36	123		6/16/2017	\$66.88	\$2,644.59	\$2,644.59
6/22/2017	LPC									\$39.66	\$2,684.25	\$2,684.25
6/22/2017	BILL	3583	R	30	19	0.63	21		7/18/2017	\$38.39	\$2,722.64	\$2,722.64
7/25/2017	LPC									\$40.24	\$2,762.88	\$2,762.88
7/25/2017	BILL	3596	R	30	13	0.43	0		8/17/2017	\$30.47	\$2,793.35	\$2,793.35
8/17/2017	BPTOCG									\$123.23	\$2,916.58	\$2,916.58
8/22/2017	BILL	3608	R	31	12	0.39	0		9/15/2017	\$29.13	\$2,945.71	\$2,945.71
9/22/2017	PAY							Cash		(\$96.36)	\$2,849.35	\$2,849.35
9/22/2017	BILL	3622	R	31	14	0.45	7		10/17/2017	\$31.30	\$2,880.65	\$2,880.65
10/23/2017	BILL	3648	R	29	26	0.9	48		11/16/2017	\$56.31	\$2,936.96	\$2,936.96
11/22/2017	BILL	3735	R	32	87	2.72	406		12/18/2017	\$130.71	\$3,067.67	\$3,067.67
12/26/2017	BILL	3864	R	30	129	4.3	712		1/22/2018	\$192.55	\$3,260.22	\$3,260.22
1/24/2018	PAY							Check		(\$964.97)	\$2,295.25	\$2,295.25
1/26/2018	BILL	4082	R	35	218	6.23	1182		2/21/2018	\$310.01	\$2,605.26	\$2,605.26
1/31/2018	CANP									\$964.97	\$3,570.23	\$3,570.23
1/31/2018	PAYCAN									\$0.00	\$3,570.23	\$3,570.23
1/31/2018	NSFCHA									\$20.00	\$3,590.23	\$3,590.23
2/27/2018	LPC									\$53.55	\$3,643.78	\$3,643.78

Transaction Date	Transaction Type	Read Reading	Read Code	# of Days	CCF Usage	Average CCF/Day	Heating DDDs	Payment Type	Due Date	Transaction Amount	Current Balance	Actual Balance
2/27/2018	BILL	4220	R	29	138	4.76	712		3/22/2018	\$229.69	\$3,873.47	\$3,873.47
3/27/2018	LPC									\$57.29	\$3,930.76	\$3,930.76
3/27/2018	BILL	4356	R	28	136	4.86	705		4/20/2018	\$194.42	\$4,125.18	\$4,125.18
4/25/2018	BILL	4462	R	32	106	3.31	540		5/18/2018	\$144.36	\$4,269.54	\$4,269.54
5/25/2018	BILL	4485	R	29	23	0.79	85		6/20/2018	\$50.42	\$4,319.96	\$4,319.96
6/26/2018	BILL	4500	R	30	15	0.5	8		7/20/2018	\$35.04	\$4,355.00	\$4,355.00
7/26/2018	BILL	4514	R	32	14	0.44	0		8/20/2018	\$33.57	\$4,388.57	\$4,388.57
8/24/2018	BILL	4526	R	29	12	0.41	0		9/18/2018	\$30.91	\$4,419.48	\$4,419.48
9/21/2018	PAY							Credit Card		(\$73.23)	\$4,346.25	\$4,346.25
9/25/2018	LPC									\$64.62	\$4,410.87	\$4,410.87
9/25/2018	BILL	4541	R	33	15	0.45	12		10/18/2018	\$34.85	\$4,445.72	\$4,445.72
10/24/2018	BILL	4575	R	29	34	1.17	133		11/19/2018	\$60.17	\$4,505.89	\$4,505.89
11/27/2018	BILL	4685	R	31	110	3.55	593		12/20/2018	\$145.80	\$4,651.69	\$4,651.69
11/30/2018	PAY							Credit Card		(\$146.53)	\$4,505.16	\$4,505.16

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Specific Service Agreement Statement of Account SA- 441518070

Customer Name	From Date	To Date		
STAYCE NORTON	12/3/2016	12/3/2018		
Service Address	Account Number	S A Number	Meter	Rate/Class
830 DISSTON ST PHIL, PA 191114427	433963151	441518070	1750893	GS

STATEMENT

Transaction Date	Transaction Type	Read Reading	Read Code	# of Days	CCF Usage	Average CCF/Day	Heating DDDs	Payment Type	Due Date	Transaction Amount	Current Balance	Actual Balance
2/28/2017	PAY							Credit Card		(\$70.41)	\$278.26	\$278.26
9/22/2017	PAY							Cash		(\$10.14)	\$268.12	\$268.12
9/23/2017	INTAPL									(\$0.04)	\$268.08	\$268.08
9/23/2017	DEPAPL									(\$163.50)	\$104.58	\$104.58
1/24/2018	PAY							Check		(\$35.03)	\$69.55	\$69.55
1/31/2018	CANP									\$35.03	\$104.58	\$104.58
9/21/2018	PAY							Credit Card		(\$1.77)	\$102.81	\$102.81
11/30/2018	PAY							Credit Card		(\$3.47)	\$99.34	\$99.34

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Search For Negotiated Payment Arrangement

Search Criteria

Account... 0004 3396 3151 Norton, Stayce

From Date: 12/06/2018

Apply Criteria

OK

Cancel

Date	Seq	Status	Comments
09/16/2016	1	Broken	
08/25/2015	1	Broken	
03/04/2015	1	Broken	PUC DECISION
02/24/2015	1	Canceled	
01/13/2014	1	Broken	

5 record(s) found.

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Negotiated Payment Arrangement

Action

Negotiated Payment Arrangement...

Account Information

Account ID: 0004 3396 3151 Name: Norton, Stayce

Arrangement Date: 03/04/2015 Monthly Payment: 217.00

Status: Broken Broken Count: 2

Broken Date: 07/23/2015 Catch-Up Amount: 0.00 Remain Number Months: 0

Background Information

Household Income: 1,800.00 Source of Income: EMPL - Employee

Expenses

Rent/Mortgage: 0.00 Arrangement Type: P - Puc

Second Mortgage: 0.00 PUC Investigator: bcs# 3322531

Food: 0.00 Level of Payment:

Food Stamps: 0.00 Phone number: 215

Electric: 0.00

Gas: 0.00 Total Number in Household: 3

Water/Sewer: 0.00 65 years or older: 0

Total Other Expense: 0.00 5 years or younger: 0

Arrangement Exception Explanation: PUC DECISION

Main

Arrangement/Budget

Scheduled Payments

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Negotiated Payment Arrangement

Action

Negotiated Payment Arrangement...

Down Payment Arrangement
 Due Date: Down Payment: Status: Broken

Utility Arrears Arrangement
 Due Date: 04/22/2015 Total Amount: 3,439.72
 Monthly Repayment: Repay Months:
 Billing Method: Tot React Amt: 99.34

Non Utility Arrears Arrangement
 Due Date: Total Amount: 0.00
 Monthly Repayment: Repay Months:

Budget
 First Scheduled Pay Date: 04/22/2015
 Suggested Budget Amount:
 Pay By EFT:

Calculate NPAR Terms

Main
 Arrangement/Budget
 Scheduled Payments

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10-DAY SHUT OFF NOTICE
Your Gas Service May Be Shut Off

Your bill is past due. As a result, PGW will shut off gas to 830 DISSTON ST on or after 8 a.m. on Apr 03, 2017. This notice will remain effective for 60 days. To talk about your bill or this notice, call our office at 215-235-1777.

We will not shut off gas if you do ONE of the following:

- Arrange to pay your past due amount of \$2,378.42.
- Pay the amount you owe on your payment plan.
- Show us a payment receipt for the past due amount.
- Make a payment arrangement (you may be eligible for a special assistance program).
- Contact us to dispute the bill.

- Call us if your landlord pays your utility bill. You have certain legal protections.
- If you have trouble understanding or speaking English call us for free interpretation.
- Please contact us if you are disabled and need assistance.
- All adult occupants of the premises whose names are on the mortgage, deed or lease are considered the 'customer' and are responsible for payment of the bill. If service is shut off ANY adult occupant who has been living at the premises may have to pay all or portions of this bill to have service restored.
- If your service is shut off, you must contact us after your payment has been made to be sure you have met all conditions to have the service turned on and to arrange access to your premises. It may take up to seven days to have your service restored.

At a minimum, you may have to pay all of the following before we turn your service on:

Past Due Amount	\$2,378.42
Security Deposit	\$216.00
Turn On Charge	\$123.23
Total	\$2,717.65

(Plus \$372.00 if we must dig up the street to shut off gas).

You are also responsible for all gas service provided to you that is now or has become past due. If shut off, you may be required to pay more than the amount on this notice to have gas turned on.

MEDICAL EMERGENCY NOTICE

LET US KNOW IF SOMEONE LIVING IN YOUR HOME IS SERIOUSLY ILL OR HAS A MEDICAL CONDITION. WE WILL NOT SHUT OFF YOUR SERVICE during such illness, provided you:

1. Have your licensed physician, physician's assistant or nurse practitioner certify by phone or in writing that such an illness exists and that it may be aggravated if your service is shut off; and
2. Make arrangements to pay your current bills. You must provide us with household income and occupant information to determine your payment terms while protected under the medical certification.
3. Contact us by calling 215-235-1777.
4. HAVE A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER SEND PGW A LETTER WITHIN 3 DAYS, VERIFYING THE MEDICAL CONDITION.

IMPORTANT TO KNOW - BEFORE WE SHUT OFF YOUR GAS SERVICE

- You may be eligible for a payment agreement or special assistance program. Enrollment into this program may be a way of avoiding shut off. Contact us immediately at 215-235-1777 to find out if you're eligible, and how to enroll. Documentation of your income may be required.
- If you have questions or need more information, please call us today at 215-235-1777 or write us at P.O. Box 3500, Philadelphia, PA 19122. After you talk with PGW, if you are not satisfied, you may file a complaint with the Pennsylvania Public Utility Commission (PUC). The PUC may delay the shutoff if you file the complaint before the shut-off date. To contact them call 1 (800) 692-7380 or write to: Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
- If you have a valid Protection From Abuse order from a court, there are additional protections available to you. Call us immediately at 215-235-1777. You will be required to provide us with a copy of the order.

- WINTER SHUT OFF PROVISIONS Dec. 1-March 31**
- Contact us before the shut off date to give us household and occupant information to see if you qualify for any assistance programs.
 - If you are low income there are special rules about whether we may shut off your gas in the winter. Add together the monthly income in your household. Look at the chart below to determine your group. You may need to provide us with proof of income.
 - If your income is 150% of the federal poverty guidelines or below, we must first ask the PUC for permission to shut off your service. We will notify you prior to shutting off service if we ask the PUC for permission to terminate your gas service.
 - If your income is above 150% but does not exceed 250% of the federal poverty guidelines, we will not shut off your service if one of these conditions applies to you:
 - o Someone in your household is 12 or younger or 65 or older; or
 - o You have paid at least one-half of your last two monthly gas bills; or
 - o If over the last two months you have paid at least 15% of your household income toward the gas bills.
 - If we reconnect your service during the winter months (between December 1st and March 31st) we will restore your service within 24 hours of you meeting all requirements to have service reconnected. When street digging is required, it may take up to seven days.

Federal Poverty Guidelines (FPG) 2017		
Household Size	Your income is 150% of the FPG or below if your monthly gross is:	Your income is between 151% - 250% of the FPG if your monthly gross is:
1	\$1,508 or less	\$1,509-\$2,513
2	\$2,030 or less	\$2,031-\$3,383
3	\$2,553 or less	\$2,554-\$4,254
4	\$3,075 or less	\$3,076-\$5,125
Each add. person add	\$523	\$524-\$871

PL_20170321180101.dat-14731-00003937

Please return this portion with your payment.
 Write your account number on your check or money order made payable to Philadelphia Gas Works

Account Number: 0433963151
 Notice Date: Mar 21, 2017
 Please Pay: \$2,378.42

Place "X" in box for address corrections. Print corrections on reverse side.

Amount Enclosed:

007366 000003937

 STAYCE NORTON
 830 DISSTON ST
 PHILA PA 19111-4427


 Philadelphia Gas Works
 P.O. Box 11700
 Newark, NJ 07101-4700

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DEC 1 2 2018

PGW Exhibit - 3
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Customer Contact: Collection

Date: 04/05/2017 Time: 3:15:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: COLL - Collection Created: 04/05/2017 at: 3:15:19 PM by: SBENENE

Area: 800 - Residential General Service Changed: at: by:

Surveyable Auto Delete Date: 04/05/2021 Class: Inquiry

Comments: GAS IS ON MEDICAL (-2-) APPROVED AND HOLD FROM 04/05/2017 TO 05/04/2017 BALANCE OF THE BILL IS \$2740.27 RECEIVED 04/05/2017-- MEDICAL (-1-) WAS 08/05/2016 TO 09/04/2016

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User

Priority: Review Group...

Account: 0004 3396 3151 Norton, Stayce

Premise: 830 Disston St/Phila,Pa

Person: Norton, Stayce

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10-DAY SHUT OFF NOTICE
Your Gas Service May Be Shut Off

Your bill is past due. As a result, PGW will shut off gas to 830 DISSTON ST on or after 8 a.m. on May 23, 2017. This notice will remain effective for 60 days. To talk about your bill or this notice, call our office at 215-235-1777.

We will not shut off gas if you do ONE of the following:

- Arrange to pay your past due amount of \$2,740.27.
- Pay the amount you owe on your payment plan.
- Show us a payment receipt for the past due amount.
- Make a payment arrangement (you may be eligible for a special assistance program).
- Contact us to dispute the bill.

At a minimum, you may have to pay all of the following before we turn your service on:

Past Due Amount	\$2,740.27
Security Deposit	\$220.00
Turn On Charge	\$123.23
Total	\$3,083.50

(Plus \$372.00 if we must dig up the street to shut off gas).

You are also responsible for all gas service provided to you that is now or has become past due. If shut off, you may be required to pay more than the amount on this notice to have gas turned on.

MEDICAL EMERGENCY NOTICE

LET US KNOW IF SOMEONE LIVING IN YOUR HOME IS SERIOUSLY ILL OR HAS A MEDICAL CONDITION. WE WILL NOT SHUT OFF YOUR SERVICE during such illness, provided you:

1. Have your licensed physician, physician's assistant or nurse practitioner certify by phone or in writing that such an illness exists and that it may be aggravated if your service is shut off; and
2. Make arrangements to pay your current bills. You must provide us with household income and occupant information to determine your payment terms while protected under the medical certification.
3. Contact us by calling 215-235-1777.
4. HAVE A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER SEND PGW A LETTER WITHIN 3 DAYS, VERIFYING THE MEDICAL CONDITION.

IMPORTANT TO KNOW - BEFORE WE SHUT OFF YOUR GAS SERVICE

- You may be eligible for a payment agreement or special assistance program. Enrollment into this program may be a way of avoiding shut off. Contact us immediately at 215-235-1777 to find out if you're eligible, and how to enroll. Documentation of your income may be required.
- If you have questions or need more information, please call us today at 215-235-1777 or write us at P.O. Box 3500, Philadelphia, PA 19122. After you talk with PGW, if you are not satisfied, you may file a complaint with the Pennsylvania Public Utility Commission (PUC). The PUC may delay the shutoff if you file the complaint before the shut-off date. To contact them call 1 (800) 692-7380 or write to: Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
- If you have a valid Protection From Abuse order from a court, there are additional protections available to you. Call us immediately at 215-235-1777. You will be required to provide us with a copy of the order.

- Call us if your landlord pays your utility bill. You have certain legal protections.
- If you have trouble understanding or speaking English call us for free interpretation.
- Please contact us if you are disabled and need assistance.
- All adult occupants of the premises whose names are on the mortgage, deed or lease are considered the 'customer' and are responsible for payment of the bill. If service is shut off ANY adult occupant who has been living at the premises may have to pay all or portions of this bill to have service restored.
- If your service is shut off, you must contact us after your payment has been made to be sure you have met all conditions to have the service turned on and to arrange access to your premises. It may take up to seven days to have your service restored.

WINTER SHUT OFF PROVISIONS Dec. 1-March 31

- Contact us before the shut off date to give us household and occupant information to see if you qualify for any assistance programs.
- If you are low income there are special rules about whether we may shut off your gas in the winter. Add together the monthly income in your household. Look at the chart below to determine your group. You may need to provide us with proof of income.
- If your income is 150% of the federal poverty guidelines or below, we must first ask the PUC for permission to shut off your service. We will notify you prior to shutting off service if we ask the PUC for permission to terminate your gas service.
- If your income is above 150% but does not exceed 250% of the federal poverty guidelines, we will not shut off your service if one of these conditions applies to you:
 - o Someone in your household is 12 or younger or 65 or older; or
 - o You have paid at least one-half of your last two monthly gas bills; or
 - o If over the last two months you have paid at least 15% of your household income toward the gas bills.
- If we reconnect your service during the winter months (between December 1st and March 31st) we will restore your service within 24 hours of you meeting all requirements to have service reconnected. When street digging is required, it may take up to seven days.

Federal Poverty Guidelines (FPG) 2017		
Household Size	Your income is 150% of the FPG or below if your monthly gross is:	Your income is between 151% - 250% of the FPG if your monthly gross is:
1	\$1,508 or less	\$1,509-\$2,513
2	\$2,030 or less	\$2,031-\$3,383
3	\$2,553 or less	\$2,554-\$4,254
4	\$3,075 or less	\$3,076-\$5,125
Each add. person add	\$523	\$524-\$871

PL_20170511180025.det-7313-000002521

Please return this portion with your payment.
 Write your account number on your check or money order made payable to Philadelphia Gas Works

Account Number: 0433963151
 Notice Date: May 11, 2017
 Please Pay: \$2,740.27

Place "X" in box for address corrections. Print corrections on reverse side.

Amount Enclosed:

003657 000002521

 STAYCE NORTON
 830 DISSTON ST
 PHILA PA 19111-4427




 Philadelphia Gas Works
 P.O. Box 11700
 Newark, NJ 07101-4700

PGW Exhibit - 3
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PHILADELPHIA GAS WORKS

PUC

Opening XML

Case Number: 3526765
Company Name: PGW (PHILA. GAS WORKS (NGDC))
Company Code: 0766
Company Type: GAS TRANSPORTER
Customer First Name: STAYCE
Customer Middle Initial:
Customer Last Name: NORTON
Customer Account Number: 8888888888
Customer Home Phone w/ Area Code:
Customer Work Phone w/ Area Code:
Customer Service Class: RESIDENTIAL
Customer Mail Address 1:
Customer Mail Address 2:
Customer Mail Address City:
Customer Mail Address State:
Customer Mail Address Zip:
Customer Mail Address 4-Zip:
Customer Service Address 1: 830 DISSTON STREET
Customer Service Address 2:
Customer Service Address City: PHILADELPHIA
Customer Service Address State: PA
Customer Service Address Zip: 19111
Customer Service Address 4-Zip:
Customer Family Adults: 2
Customer Family Children: 1
Customer Family Age: 8
Gross Income

Source	Income Amount
WAGES	2000
ADULT 2	0

Date Open: 2017-05-16
Reason For Contact: ON - PAR NEEDED (# 61)
Term Date: 2017-05-23
Business Name: SM
Case Problem:
Company Position: PGW GAS IS REQUIRING \$2,000 TO KEEP GAS ON.
Related Information: STRAIGHT PAR CUSTOMER WOULD LIKE ASSISTANCE WITH A PAYMENT ARRANGEMENT AND PREVENTION OF SERVICES FROM BEING TERMINATED. SHE IS ALSO WAITING TO HEAR BACK FROM LIHEAP AND CRISIS SINCE APPLYING. 2ND ADULT IS DISABLED. EMAIL ADDRESS STACYE.NORTON@HOTMAIL.COM THE CELL PHONE NUMBER

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(267) 784 - 6997 HAS BEEN ALLOWED TO BE SHARED.

Case Misc Info:
Hot Issue:
Case Origin: TELEPHONE
Prior Case Number:
Universal Service: N
Arrearage: 2740
BCS Investigator First Name: BCS
BCS Investigator Last Name: CASE POOL
BCS Investigator Phone w/ Area Code: 7177875468
BCSIntaker First Name: RAJEIA
BCSIntaker Last Name: BYARD
Number Of Time Send: 1
Number Of Time Faxed: 0
Number Of Time Faxed: 7177876641

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PHILADELPHIA GAS WORKS

PUC

Closing XML

Case Number: 3526765
Company Name: PGW (PHILA. GAS WORKS (NGDC))
Company Code: 0766
Company Type: GAS TRANSPORTER
Customer First Name: STAYCE
Customer Middle Initial:
Customer Last Name: NORTON
Account Number: 433963151
Service Address 1: 830 DISSTON STREET
Service Address 2:
Service City: PHILADELPHIA
Service State: PA
Service Zip 5: 19111
Service Zip 4:
Decision Issue: N
Oral Written:
Violation: NO
Chapter:
Section Rule:
Total Balance: 2922.85
Date Closed: 2017-06-15
Resolution: DISMISSAL LETTER ISSUED - CASE DISMISSED PER 1405 D
Balance Date: 2017-06-12
Service Restored Pay: 0.00
Service Continue Amount: 0.00
Service Continue Date:
Terms:
Special Budget Amount: 0.00
Regular Budget Amount: 0.00
Arrears Payment Plus: 0.00
FinalMonthlyPayment: 0.00
CurrentMonthlyPayment: 0.00
EndMonthlyPayment: 0.00
LetterDescription: VERBAL DISMISSAL/RECENT CASE/FORMAL COMPLAINT
HeadDate: 2017-06-19
Paragraph:
Bill Date:
Reconnect Amount: 0
Pay Amount: 0.00
BCS Investigator First Name: NAFEESAH
BCS Investigator Last Name: HOLLIDAY
Number Of Time Send: 1
Number Of Time Faxed: 0
PUC Fax:

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Customer Contact: Service

Date: 08/15/2017 Time: 10:53:00 AM Source: Related Tran:
CC Type: SERV - Service Created: 08/15/2017 at: 10:53:21 AM by: ASMITH
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 08/15/2021 Class: Inquiry

Comments: Andre Smith was here on a 96 C & C Field Shut Off order with Order # 9001088 , with a result of Completed Found Gas ON , Left Gas OFF , with activities of (Field Collections - NPSO Completed) , with comments of "s/o @ cb"

Letter
Status: Print Date: Run Number: Reprint:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: 0004 3396 3151 Norton, Stayce
Premise: 830 Disston St/Phila,Pa
Person: Norton, Stayce

PHILADELPHIA GAS WORKS

PUC

Opening XML

Case Number:	3554039	
Company Name:	PGW (PHILA. GAS WORKS (NGDC)	
Company Code:	0766	
Company Type	GAS TRANSPORTER	
Customer First Name:	STAYCE	
Customer Middle Initial:		
Customer Last Name:	MORTON	
Customer Account Number:	433963151	
Customer Home Phone w/ Area Code:		
Customer Work Phone w/ Area Code:		
Customer Service Class:	RESIDENTIAL	
Customer Mail Address 1:		
Customer Mail Address 2:		
Customer Mail Address City:		
Customer Mail Address State:		
Customer Mail Address Zip:		
Customer Mail Address 4-Zip:		
Customer Service Address 1:	830 DISSTON STREET	
Customer Service Address 2:		
Customer Service Address City:	PHILADELPHIA	
Customer Service Address State:	PA	
Customer Service Address Zip:	19111	PGW Exhibit - <u>3</u>
Customer Service Address 4-Zip:		
Customer Family Adults:	2	Page <u>8</u> of <u>26</u>
Customer Family Children:	1	
Customer Family Age:	8	
Gross Income		
Source	Income Amount	
JOB	2946.67	
Date Open:	2017-08-16	
Reason For Contact:	STRAIGHT OFF- SVC TERMINATED/SUSPENDED-NO DISPUTE- PAR NEEDED (# 82)	
Term Date:	2017-08-15	
Business Name:		
Case Problem:		
Company Position:	08/16/2017 CO. SEEKING PAST DUE AMOUNT OF 2900.00.	
Related Information:	STRAIGHT PAR. THE CELL PHONE NUMBER (267) 784 - 6997 HAS BEEN ALLOWED TO BE SHARED. THE EMAIL ADDRESS STAYCE.MORTON@HOTMAIL.COM HAS BEEN ALLOWED TO BE SHARED.	
Case Misc Info:		
Hot Issue:		
Case Origin:	TELEPHONE	
Prior Case Number:		
Universal Service:	M	
Arrearage:	2900	
BCS Investigator First Name:	BCS	
BCS Investigator Last Name:	CASE POOL	
BCS Investigator Phone w/ Area Code:	7177875468	
BCSIntaker First Name:	EVERETT	
BCSIntaker Last Name:	KINCHLOE	
Number Of Time Send:	1	
Number Of Time Faxed:	0	
Number Of Time Faxed:	7177876641	

Customer Contact: Turn On

Date: 08/16/2017 Time: 12:23:00 PM Source: JetSearch Related Tran: Account Maintenance
CC Type: SERO - Turn On Created: 08/16/2017 at: 12:23:19 PM by: EQUICI
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 08/16/2021 Class: Inquiry

Comments: Cor called to state she contacted Puc and she was told to call back and use medical form. Had form filled out to be faxed to Dr. Jennifer F#2158437313 & O#2158439720. Once recieved back cor will be contacted for turn on. Satisfied

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User

Priority: Review Group:

Account: 0004 3396 3151 Norton, Stayce
Premise: 830 Disston St/Phila,Pa
Person: Norton, Stayce

Change Cancel

PGW Exhibit - 3
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PHILADELPHIA GAS WORKS

PUC

Closing XML

Case Number:	3554039	
Company Name:	PGW (PHILA. GAS WORKS (NGDC))	
Company Code:	0766	
Company Type:	GAS TRANSPORTER	
Customer First Name:	STAYCE	
Customer Middle Initial:		
Customer Last Name:	MORTON	
Account Number:	433963151	
Service Address 1:	830 DISSTON STREET	
Service Address 2:		
Service City:	PHILADELPHIA	
Service State:	PA	
Service Zip 5:	19111	
Service Zip 4:		
Decision Issue:	N	PGW Exhibit - <u>3</u>
Oral Written:		Page <u>10</u> of <u>26</u>
Violation:	NO	
Chapter:		
Section Rule:		
Total Balance:	3194.84	
Date Closed:	2017-08-24	
Resolution:	VERBAL CLOSE-- CALL CUSTOMER AND CONFIRM THAT SVC HAS BEEN RECONNECTED THROUGH MED CERT. ADV. CU THAT PUC WOULD NOT BE ABLE TO ASSIST WITH PAR, DUE TO PREVIOUS PUC PAR THAT HAS BEEN DEFAULTED (#3322531) BEGINNING 4/15-- DEFAULTED. CUSTOMER HAS BEEN PUT ON TWO ADDITIONAL COMPANY PARS SINCE. PUC UNABLE TO ASSIST, CUSTOMER STATED THAT SHE HAS MADE PAYMENTS, ADV. CU THAT THOSE PAYMENTS HAVE NOT SATISFIED PRIOR PUC PAR. ADV. CU THAT SHE CAN FILE FORMAL COMPLAINT. CU REQUEST FORMAL FORMS. SENT FORMS.	
Balance Date:	2017-08-21	
Service Restored Pay:	0.00	
Service Continue Amount:	0.00	
Service Continue Date:		
Terms:		
Special Budget Amount:	0.00	
Regular Budget Amount:	0.00	
Arrears Payment Plus:	0.00	
FinalMonthlyPayment:	0.00	
CurrentMonthlyPayment:	0.00	
EndMonthlyPayment:	0.00	
LetterDescription:	OFF NOW ON, NO DISPUTE. EGW DISMISSAL CLOSING LETTER	
HeadDate:	2017-08-28	

Paragraph:
Bill Date:
Reconnect Amount: 0
Pay Amount: 0.00
BCS Investigator First Name: RICKY
BCS Investigator Last Name: WIJAYA
Number Of Time Send: 1
Number Of Time Faxed: 0
PUC Fax: 7173464325

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Customer Contact: Service

Date: 08/18/2017 Time: 11:06:00 AM Source: _____ Related Tran: _____

CC Type: SERV - Service Created: 08/18/2017 at: 11:06:44 AM by: TBURNAM

Area: 800 - Residential General Service Changed: _____ at: _____ by: _____

Surveyable Auto Delete Date: 08/18/2021 Class: Inquiry

Comments: Tymair Burnam was here on a Medical B.P.T.O. order with Order # 9010925 , with a result of Completed Found Gas OFF, Left Gas ON , with activities of (Meter and Connections - Turn On) , with comments of "med bpto complete piping test passed made all checks relit appliances left ok"

Letter: _____

Status: _____ Print Date: _____ Run Number: _____ Reprint:

Template: _____

Review List Tickler: _____

Follow Up: to Review Group to User

Priority: Review Group:

Account: 0004 3396 3151 Norton, Stayce

Premise: 830 Disston St/Phila,Pa

Person: Norton, Stayce

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10-DAY SHUT OFF NOTICE
Your Gas Service May Be Shut Off

Your bill is past due. As a result, PGW will shut off gas to 830 DISSTON ST on or after 8 a.m. on Sep 11, 2017. This notice will remain effective for 60 days. To talk about your bill or this notice, call our office at 215-235-1777.

We will not shut off gas if you do ONE of the following:

- * Arrange to pay your past due amount of \$3,071.61.
- * Pay the amount you owe on your payment plan.
- * Show us a payment receipt for the past due amount.
- * Make a payment arrangement (you may be eligible for a special assistance program).
- * Contact us to dispute the bill.

At a minimum, you may have to pay all of the following before we turn your service on:

Past Due Amount	\$3,071.61
Security Deposit	\$216.00
Turn On Charge	\$123.23
Total	\$3,410.84

(Plus \$372.00 if we must dig up the street to shut off gas).

You are also responsible for all gas service provided to you that is new or has become past due. If shut off, you may be required to pay more than the amount on this notice to have gas turned on.

MEDICAL EMERGENCY NOTICE

LET US KNOW IF SOMEONE LIVING IN YOUR HOME IS SERIOUSLY ILL OR HAS A MEDICAL CONDITION. WE WILL NOT SHUT OFF YOUR SERVICE during such illness, provided you:

1. Have your licensed physician, physician's assistant or nurse practitioner certify by phone or in writing that such an illness exists and that it may be aggravated if your service is shut off; and
2. Make arrangements to pay your current bills. You must provide us with household income and occupant information to determine your payment terms while protected under the medical certification.
3. Contact us by calling 215-235-1777.
4. HAVE A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER SEND PGW A LETTER WITHIN 3 DAYS, VERIFYING THE MEDICAL CONDITION.

IMPORTANT TO KNOW - BEFORE WE SHUT OFF YOUR GAS SERVICE

- * You may be eligible for a payment agreement or special assistance program. Enrollment into this program may be a way of avoiding shut off. Contact us immediately at 215-235-1777 to find out if you're eligible, and how to enroll. Documentation of your income may be required.
- * If you have questions or need more information, please call us today at 215-235-1777 or write us at P.O. Box 3500, Philadelphia, PA 19122. After you talk with PGW, if you are not satisfied, you may file a complaint with the Pennsylvania Public Utility Commission (PUC). The PUC may delay the shutoff if you file the complaint before the shut-off date. To contact them call 1 (800) 692-7380 or write to: Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
- * If you have a valid Protection From Abuse order from a court, there are additional protections available to you. Call us immediately at 215-235-1777. You will be required to provide us with a copy of the order.

- * Call us if your landlord pays your utility bill. You have certain legal protections.
- * If you have trouble understanding or speaking English call us for free interpretation.
- * Please contact us if you are disabled and need assistance.
- * All adult occupants of the premises whose names are on the mortgage, deed or lease are considered the 'customer' and are responsible for payment of the bill. If service is shut off ANY adult occupant who has been living at the premises may have to pay all or portions of this bill to have service restored.
- * If your service is shut off, you must contact us after your payment has been made to be sure you have met all conditions to have the service turned on and to arrange access to your premises. It may take up to seven days to have your service restored.

WINTER SHUT OFF PROVISIONS Dec. 1-March 31

- * Contact us before the shut off date to give us household and occupant information to see if you qualify for any assistance programs.
- * If you are low income there are special rules about whether we may shut off your gas in the winter. Add together the monthly income in your household. Look at the chart below to determine your group. You may need to provide us with proof of income.
- * If your income is 150% of the federal poverty guidelines or below, we must first ask the PUC for permission to shut off your service. We will notify you prior to shutting off service if we ask the PUC for permission to terminate your gas service.
- * If your income is above 150% but does not exceed 250% of the federal poverty guidelines, we will not shut off your service if one of these conditions applies to you:
 - o Someone in your household is 12 or younger or 65 or older; or
 - o You have paid at least one-half of your last two monthly gas bills; or
 - o If over the last two months you have paid at least 15% of your household income toward the gas bills.
- * If we reconnect your service during the winter months (between December 1st and March 31st) we will restore your service within 24 hours of you meeting all requirements to have service reconnected. When street digging is required, it may take up to seven days.

Federal Poverty Guidelines (FPG) 2017		
Household Size	Your income is 150% of the FPG or below if your monthly gross is:	Your income is between 151% - 250% of the FPG if your monthly gross is:
1	\$1,508 or less	\$1,509-\$2,513
2	\$2,030 or less	\$2,031-\$3,383
3	\$2,553 or less	\$2,554-\$4,254
4	\$3,075 or less	\$3,076-\$5,125
Each add. person add	\$523	\$524-\$871

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PL_20170828180100.dat-421-000001281

Please return this portion with your payment.
 Write your account number on your check or money order made payable to Philadelphia Gas Works

Account Number: 0433963151
 Notice Date: Aug 28, 2017
 Please Pay: \$3,071.61

Place "X" in box for address corrections. Print corrections on reverse side.

Amount Enclosed:

000211 000001281

 STAYCE NORTON
 830 DISSTON ST
 PHILA PA 19111-4427


 Philadelphia Gas Works
 P.O. Box 11700
 Newark, NJ 07101-4700

Customer Contact: Billing

Date: 09/08/2017 Time: 12:59:00 PM Source: JetSearch Related Tran: Account Maintenance
CC Type: BILL - Billing Created: 09/08/2017 at: 12:59:23 PM by: JROGERS2
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 09/08/2021 Class: Inquiry

Comments: Cust want Sup because previous rep and DD gave her medical explained last medical was used to get gas turned on 8/17 cust upset because they gave her medical papers to have filled out. explained if medical fill out will not be honored did sup call back then cust hung up

Letter:
Status: Print Date: Run Number: Reprint:

Review List Tickler
Follow Up: to Review Group to User
Priority: Review Group...

Account: 0004 3396 3151 Norton, Stayce
Premise: 830 Disston St/Phila, Pa
Person: Norton, Stayce

Change Cancel

Customer Contact: Collection

Date: 09/08/2017 Time: 3:58:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: COLL - Collection Created: 09/08/2017 at: 3:58:00 PM by: KBALLARD

Area: 800 - Residential General Service Changed: at: by:

Surveyable Auto Delete Date: 09/08/2021 Class: Inquiry

Comments: Supervisor Call Back - Explained to COR that she would get the rest of her Medical Hold - Told COR her Medical Hold would be continue and that is currently on hold as of now and once she gets her doctor to fax in the info - we wll place theacct on hold for the rest of time - COR's acct was originally on hold for Medical for a short period of time and was taken off hold because she was placed on a PUC hold that only lasted a week

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User

Priority: Review Group...

Account: 0004 3396 3151 Norton, Stayce

Premise: 830 Disston St/Phila,Pa

Person: Norton, Stayce

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Customer Contact: Collection 23

Date: 09/11/2017 Time: 1:50:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: COLL - Collection Created: 09/11/2017 at: 1:50:06 PM by: RMERRITT

Area: 800 - Residential General Service Changed: at: by:

Surveyable Auto Delete Date: 09/11/2021 Class: Inquiry

Comments: GAS IS ON MEDICAL -3- HOLD FROM 09/11/2017 TO 10/10/2017 BALANCE OF THE BILL IS \$3223.97
 RCIVED 09/11/2017 MEDICAL -1- 08/05/2016 TO 09/04/2016 - MEDICAL -2- 04/05/2017 TO
 05/04/2017 THIS IS THE LAST MEDICAL UNTIL THERE IS NEW MONEY

Letter
 Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User

Priority: Review Group:

Account: 0004 3396 3151 Norton, Stayce

Premise: 830 Disston St/Phila,Pa

Person: Norton, Stayce

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10-DAY SHUT OFF NOTICE
Your Gas Service May Be Shut Off

Your bill is past due. As a result, PGW will shut off gas to 830 DISSTON ST on or after 8 a.m. on Sep 25, 2017. This notice will remain effective for 60 days. To talk about your bill or this notice, call our office at 215-235-1777.

We will not shut off gas if you do ONE of the following:

- Arrange to pay your past due amount of \$3,071.61.
- Pay the amount you owe on your payment plan.
- Show us a payment receipt for the past due amount.
- Make a payment arrangement (you may be eligible for a special assistance program).
- Contact us to dispute the bill.

- Call us if your landlord pays your utility bill. You have certain legal protections.
- If you have trouble understanding or speaking English call us for free interpretation.
- Please contact us if you are disabled and need assistance.

At a minimum, you may have to pay all of the following before we turn your service on:

Past Due Amount	\$3,071.61
Security Deposit	\$216.00
Turn On Charge	\$123.23
Total	\$3,410.84

• All adult occupants of the premises whose names are on the mortgage, deed or lease are considered the 'customer' and are responsible for payment of the bill. If service is shut off ANY adult occupant who has been living at the premises may have to pay all or portions of this bill to have service restored.

• If your service is shut off, you must contact us after your payment has been made to be sure you have met all conditions to have the service turned on and to arrange access to your premises. It may take up to seven days to have your service restored.

(Plus \$372.00 if we must dig up the street to shut off gas).

WINTER SHUT OFF PROVISIONS Dec. 1-March 31

- Contact us before the shut off date to give us household and occupant information to see if you qualify for any assistance programs.
- If you are low income there are special rules about whether we may shut off your gas in the winter. Add together the monthly income in your household. Look at the chart below to determine your group. You may need to provide us with proof of income.
- If your income is 150% of the federal poverty guidelines or below, we must first ask the PUC for permission to shut off your service. We will notify you prior to shutting off service if we ask the PUC for permission to terminate your gas service.
- If your income is above 150% but does not exceed 250% of the federal poverty guidelines, we will not shut off your service if one of these conditions applies to you:
 - o Someone in your household is 12 or younger or 65 or older; or
 - o You have paid at least one-half of your last two monthly gas bills; or
 - o If over the last two months you have paid at least 15% of your household income toward the gas bills.
- If we reconnect your service during the winter months (between December 1st and March 31st) we will restore your service within 24 hours of you meeting all requirements to have service reconnected. When street digging is required, it may take up to seven days.

You are also responsible for all gas service provided to you that is now or has become past due. If shut off, you may be required to pay more than the amount on this notice to have gas turned on.

MEDICAL EMERGENCY NOTICE

LET US KNOW IF SOMEONE LIVING IN YOUR HOME IS SERIOUSLY ILL OR HAS A MEDICAL CONDITION. WE WILL NOT SHUT OFF YOUR SERVICE during such illness, provided you:

1. Have your licensed physician, physician's assistant or nurse practitioner certify by phone or in writing that such an illness exists and that it may be aggravated if your service is shut off; and
2. Make arrangements to pay your current bills. You must provide us with household income and occupant information to determine your payment terms while protected under the medical certification.
3. Contact us by calling 215-235-1777.
4. HAVE A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER SEND PGW A LETTER WITHIN 3 DAYS, VERIFYING THE MEDICAL CONDITION.

IMPORTANT TO KNOW - BEFORE WE SHUT OFF YOUR GAS SERVICE

- You may be eligible for a payment agreement or special assistance program. Enrollment into this program may be a way of avoiding shut off. Contact us immediately at 215-235-1777 to find out if you're eligible, and how to enroll. Documentation of your income may be required.
- If you have questions or need more information, please call us today at 215-235-1777 or write us at P.O. Box 3500, Philadelphia, PA 19122. After you talk with PGW, if you are not satisfied, you may file a complaint with the Pennsylvania Public Utility Commission (PUC). The PUC may delay the shutoff if you file the complaint before the shut-off date. To contact them call 1 (800) 692-7380 or write to: Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
- If you have a valid Protection From Abuse order from a court, there are additional protections available to you. Call us immediately at 215-235-1777. You will be required to provide us with a copy of the order.

Federal Poverty Guidelines (FPG) 2017		
Household Size	Your income is 150% of the FPG or below if your monthly gross is:	Your income is between 151% - 250% of the FPG if your monthly gross is:
1	\$1,508 or less	\$1,509-\$2,513
2	\$2,030 or less	\$2,031-\$3,383
3	\$2,553 or less	\$2,554-\$4,254
4	\$3,075 or less	\$3,076-\$5,125
Each add. person add	\$523	\$524-\$871

PL_20170911180101.dat-345-000001066

Please return this portion with your payment.
 Write your account number on your check or money order made payable to Philadelphia Gas Works

Account Number: 0433963151
 Notice Date: Sep 11, 2017
 Please Pay: \$3,071.61

Place "X" in box for address corrections. Print corrections on reverse side.

Amount Enclosed:

000173 000001056

 STAYCE NORTON
 830 DISSTON ST
 PHILA PA 19111-4427




 Philadelphia Gas Works
 P.O. Box 11700
 Newark, NJ 07101-4700

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Customer Contact: Customer Review Unit

Date: 09/15/2017 Time: 2:36:00 PM Source: Related Tran:

CC Type: CRU - Customer Review Unit Created: 09/15/2017 at: 2:36:54 PM by: WFADMIN

Area: 800 - Residential General Service Changed: at: by:

Surveyable Auto Delete Date: 09/15/2022 Class: Inquiry

Comments: PUC Formal Complaint Docket # C2017-2624469 filed on 9/14/2017 12:00:00 AM.

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User

Priority: Review Group...

Account: 0004 3396 3151 Norton, Stayce

Premise: 830 Disston St/Phila,Pa

Person: Norton, Stayce

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Customer Contact: Customer Review Unit



Date: 01/25/2018 Time: 10:25:00 AM Source: JetSearch Related Tran: Account Maintenance
 CC Type: CRU - Customer Review Unit Created: 01/25/2018 at: 10:25:33 AM by: JMOORE
 Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 01/25/2023 Class: Inquiry

Comments: Formal Complaint Docket # C2017-2624469 is settled. Ms. Norton has agreed to re-instate her PAR with a down payment of \$2000.00. The customer has made an upfront payment of \$1000.00 and will make additional payments totaling \$1000.00 by no later than February 23, 2018. Then beginning with the March 2018 bill due date, Ms. Norton must pay \$119bb + arrears for 3 remaining months. Ms. Norton is satisfied and no longer wishes to pursue this matter.

Letter
 Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
 Priority: Review Group...

Account: 0004 3396 3151 Norton, Stayce
 Premise: 830 Disston St/Phila,Pa
 Person: Norton, Stayce

Change Cancel

Payment: 01/24/2018 - 1,000.00

Action

Payment... 61643718770 Canceled Sibings...

Account: 0004 3396 3151 Name: Norton, Stayce Payment Amt: 1,000.00

Payment Amt: 1,000.00
 Payment Date: 01/24/2018
 Tender Type: Q - Check
 Check Id: 0

Status History:

Status	Date	By
Created	01/25/2018 21:02	Operator, Bccs Job
Frozen	01/25/2018 21:02	Operator, Bccs Job
Canceled	01/31/2018 19:41	Operator, Bccs Job

Totals:

Category	Amot
Distributed	1,000.00

Pay Distribution Code:

Confirmation:

Shareholder:

Drawer/Bundle:

Payment Source: Remittance Processor

Agency/Branch: KUB / 009003

Batch Nbr/Seq Nbr: 4974 / 5347

Grant Type:

Payor / Receipt

Payor...

Person Id:

Receipt Number:

Header
Distribution

Print Receipt

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Miscellaneous Adjustment: NSFCHA - 20.00

Action Launch

Adjustment... 4339610014 Frozen Status Date By
 Created 01/31/2018 Operator, Bccs Job
 Account: 0004 3396 3151 Name: Norton, Stayce Frozen 01/31/2018 Operator, Bccs Job

SA: G2-GS, Active Adjustment Amount: 20.00

Type
 SA (SA...) 889015543 G2-GS, Active

Deposit

	Begin	+Adj	=Final	Revenue Month/Year:
Total Amt Due		20.00		1/2018
Current Amt Due		20.00		
Write Off Amt		0.00		

Check Nbr: _____
 Check Date: _____

Adjustment Code... NSFCHA Bad Check Charge 20.00

Adjustment Amount: 20.00 Comments: _____

Memo Adjustment

Appear on Next Bill Description: Bad Check Charge \$20.00

Main
 Financial Details
 Tax Location
 GL Accounting

PGW Exhibit - 3

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10-DAY SHUT OFF NOTICE
Your Gas Service May Be Shut Off

Your bill is past due. As a result, PGW will shut off gas to 830 DISSTON ST on or after 8 a.m. on Apr 02, 2018. This notice will remain effective for 60 days. To talk about your bill or this notice, call our office at 215-235-1777.

We will not shut off gas if you do ONE of the following:

- * Arrange to pay your past due amount of \$3,674.81.
- * Pay the amount you owe on your payment plan.
- * Show us a payment receipt for the past due amount.
- * Make a payment arrangement (you may be eligible for a special assistance program).
- * Contact us to dispute the bill.

At a minimum, you may have to pay all of the following before we turn your service on:

Past Due Amount	\$3,674.81
Security Deposit	\$242.00
Turn On Charge	\$123.23
Total	\$4,040.04

(Plus \$372.00 if we must dig up the street to shut off gas).

You are also responsible for all gas service provided to you that is now or has become past due. If shut off, you may be required to pay more than the amount on this notice to have gas turned on.

MEDICAL EMERGENCY NOTICE

LET US KNOW IF SOMEONE LIVING IN YOUR HOME IS SERIOUSLY ILL OR HAS A MEDICAL CONDITION. WE WILL NOT SHUT OFF YOUR SERVICE during such illness, provided you:

1. Have your licensed physician, physician's assistant or nurse practitioner certify by phone or in writing that such an illness exists and that it may be aggravated if your service is shut off; and
2. Make arrangements to pay your current bills.
3. Contact us by calling 215-235-1777.
4. HAVE A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER SEND PGW A LETTER WITHIN 3 DAYS, VERIFYING THE MEDICAL CONDITION.

IMPORTANT TO KNOW - BEFORE WE SHUT OFF YOUR GAS SERVICE

- * You may be eligible for a payment agreement or special assistance program. Enrollment into this program may be a way of avoiding shut off. Contact us immediately at 215-235-1777 to find out if you're eligible, and how to enroll. Documentation of your income may be required.
- * If you have questions or need more information, please call us today at 215-235-1777 or write us at P.O. Box 3500, Philadelphia, PA 19122. After you talk with PGW, if you are not satisfied, you may file a complaint with the Pennsylvania Public Utility Commission (PUC). The PUC may delay the shutoff if you file the complaint before the shut-off date. To contact them call 1 (800) 692-7380 or write to: Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
- * If you have a valid Protection From Abuse order from a court, there are additional protections available to you. Call us immediately at 215-235-1777. You will be required to provide us with a copy of the order.

- * Call us if your landlord pays your utility bill. You have certain legal protections.
- * If you have trouble understanding or speaking English call us for free interpretation.
- * Please contact us if you are disabled and need assistance.
- * All adult occupants of the premises whose names are on the mortgage, deed or lease are considered the 'customer' and are responsible for payment of the bill. If service is shut off ANY adult occupant who has been living at the premises may have to pay all or portions of this bill to have service restored.
- * If your service is shut off, you must contact us after your payment has been made to be sure you have met all conditions to have the service turned on and to arrange access to your premises. It may take up to seven days to have your service restored.

WINTER SHUT OFF PROVISIONS Dec. 1-March 31

- * Contact us before the shut off date to give us household and occupant information to see if you qualify for any assistance programs.
- * If you are low income there are special rules about whether we may shut off your gas in the winter. Add together the monthly income in your household. Look at the chart below to determine your group. You may need to provide us with proof of income.
- * If your income is 150% of the federal poverty guidelines or below, we must first ask the PUC for permission to shut off your service. We will notify you prior to shutting off service if we ask the PUC for permission to terminate your gas service.
- * If your income is above 150% but does not exceed 250% of the federal poverty guidelines, we will not shut off your service if one of these conditions applies to you:
 - o Someone in your household is 12 or younger or 65 or older; or
 - o You have paid at least one-half of your last two monthly gas bills; or
 - o If over the last two months you have paid at least 15% of your household income toward the gas bills.
- * If we reconnect your service during the winter months (between December 1st and March 31st) we will restore your service within 24 hours of you meeting all requirements to have service reconnected. When street digging is required, it may take up to seven days.

Household Size	Federal Poverty Guidelines (FPG) 2018	
	Your income is 150% of the FPG or below if your monthly gross is:	Your income is between 151% - 250% of the FPG if your monthly gross is:
1	\$1,518 or less	\$1,519-\$2,529
2	\$2,058 or less	\$2,059-\$3,429
3	\$2,598 or less	\$2,599-\$4,329
4	\$3,138 or less	\$3,139-\$5,229
Each add. person add	\$540	\$541-\$900

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Please return this portion with your payment.
Write your account number on your check or money order made payable to Philadelphia Gas Works

Account Number: 0433963151
Notice Date: Mar 20, 2018
Please Pay: \$3,674.81

Place "X" in box for address corrections. Print corrections on reverse side.

Amount Enclosed:

003271 000002193
STAYCE NORTON
830 DISSTON ST
PHILA PA 19111-4427

Philadelph
Philadelphia Gas Works
P.O. Box 11700
Newark, NJ 07101-4700

PGW Exhibit - 3
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PHILADELPHIA GAS WORKS

PUC

Closing XML

Case Number:	3594971	
Company Name:	PGW (PHILA. GAS WORKS (NGDC)	
Company Code:	0766	
Company Type:	GAS TRANSPORTER	
Customer First Name:	STAYCE	
Customer Middle Initial:		
Customer Last Name:	NORTON	
Account Number:	433963151	
Service Address 1:	830 DISSTON STREET	
Service Address 2:		
Service City:	PHILADELPHIA	
Service State:	PA	
Service Zip 5:	19111	
Service Zip 4:		
Decision Issue:	Y	PGW Exhibit - <u>3</u>
Oral Written:	W	Page <u>25</u> of <u>26</u>
Violation:	NO	
Chapter:		
Section Rule:		
Total Balance:	4524.06	
Date Closed:	2018-09-12	
Resolution:	DECISION ISSUED. COMPLAINT IS DISMISSED. THE DOCUMENTATION SUBMITTED BY THE CUSTOMER DID NOT PROVIDE SUFFICIENT VERIFICATION THAT THE NECESSARY FUNDS WERE AVAILABLE TO COVER THE PAYMENT SHE MADE ON JANUARY 24, 2018 AS PART OF THE PAYMENT TERMS WITH THE COMPANY. THE CUSTOMER DID NOT PAY THE AMOUNT THAT WAS DUE BY FEBRUARY 23, 2018. THE CUSTOMER HAS NOT MADE ANY PAYMENTS WHILE THIS COMPLAINT HAS BEEN OPEN. SHE DOES BROKE THE PUC PAR FROM BCS 3322531 AND SHE BROKE 2 ADDITIONAL COMPANY AGREEMENTS. THE INFORMAL COMPLAINT BCS 3554039 WAS DISMISSED BECAUSE THE CUSTOMER DID NOT QUALIFY FOR A NEW PAYMENT ARRANGEMENT.	
Balance Date:	2018-09-12	
Service Restored Pay:	0.00	
Service Continue Amount:	0.00	
Service Continue Date:		
Terms:		
Special Budget Amount:	0.00	
Regular Budget Amount:	0.00	
Arrears Payment Plus:	0.00	
FinalMonthlyPayment:	0.00	
CurrentMonthlyPayment:	0.00	
EndMonthlyPayment:	0.00	

LetterDescription:

HeadDate: 2018-09-14

Paragraph:

Bill Date:

Reconnect Amount: 0

Pay Amount: 0.00

BCS Investigator First Name: JULIE

BCS Investigator Last Name: CARLIN

Number Of Time Send: 1

Number Of Time Faxed: 0

PUC Fax: 7177876641

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Timely
BCS: 3594971

PHILADELPHIA GAS WORKS

Must be returned by OCTOBER 22, 2018

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

Formal Complaint

DEC 12 2018

Filing this form begins a legal proceeding and you will be a party to the case.
If you do not wish to be a party to the case, consider filing an informal complaint.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

To complete this form, please type or print legibly in ink.

1. Customer (Complainant) Information

Provide your name, mailing address, county, telephone number(s), e-mail address and utility account number. It is your responsibility to update the Commission with any changes to your address and to where you want documents mailed to you.

Name Stacye Norton

Street/P.O. Box 830 Disston St Apt # _____

City Phila State Pa Zip 19111

County Philadelphia

Telephone Number(s) Where We Can Contact You During the Day:

(267) 784-6997 (home)

(484) 351-8459 ext 231 (mobile)

E-mail Address (optional): _____

Utility Account Number (from your bill) _____

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

RECEIVED

Name _____

SEP 25 2018

Street/P.O. Box _____

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

City _____ State _____ Zip _____

2. Name of Utility or Company (Respondent)

Provide the full name of the utility or company about which you are complaining. The name of your utility or company is on your bill.

PGW Philadelphia Gas Works

1 PGW Exhibit 4
1 of 4

3. Type of Utility Service

Check the box listing the type of utility service that is the subject of your complaint (check only one):

- ELECTRIC WASTEWATER/SEWER
- GAS TELEPHONE/TELECOMMUNICATIONS (local, long distance)
- WATER MOTOR CARRIER (e.g. taxi, moving company, limousine)
- STEAM HEAT

4. Reason for Complaint

What kind of problem are you having with the utility or company? Check all boxes below that apply and state the reason for your complaint. Explain specifically what you believe the utility or company has done wrong. Provide relevant details including dates, times and places and any other information that may be important. If the complaint is about billing, tell us the amount you believe is not correct. Use additional paper if you need more space. Your complaint may be dismissed without a hearing if you do not provide specific information.

The utility is threatening to shut off my service or has already shut off my service.

I would like a payment agreement.

I have sent all of the documents to your company. I received an letter a few days ago stating "I didn't send requested documents. I did provide them"

Incorrect charges are on my bill. Provide dates that are important and an explanation about any amounts or charges that you believe are not correct. Attach a copy of the bill(s) in question if you have it/them.

I am having a reliability, safety or quality problem with my utility service. Explain the problem, including dates, times or places and any other relevant details that may be important.

Other (explain)

*Now Exhibit 4
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Note: If your complaint is only about removing or modifying a municipal lien filed by the City of Philadelphia, the Public Utility Commission (PUC) cannot address it. Only local courts in Philadelphia County can address this type of complaint. The PUC can address a complaint about service or incorrect billing even if that amount is subject to a lien.

In addition, the PUC generally does not handle complaints about cell phone or Internet service, but may be able to resolve a dispute regarding voice communications over the Internet (including the inability to make voice 911/E911 emergency calls) or concerns about high-speed access to Internet service.

5. Requested Relief

How do you want your complaint to be resolved? Explain what you want the PUC to order the utility or company to do. Use additional paper if you need more space.

I am just asking for a payment arrangement and resolve this on going situation. If I have to make a down payment thats fine. I sent all the information requested.

Note: The PUC can decide that a customer was not billed correctly and can order billing refunds. The PUC can also fine a utility or company for not following rules and can order a utility or company to correct a problem with your service. Under state law, the PUC cannot decide whether a utility or company should pay customers for loss or damages. Damage claims may be sought in an appropriate civil court.

PGW Exhibit 4

6. **Protection From Abuse (PFA)**

Has a court granted a "Protection From Abuse" order that is currently in effect for your personal safety or welfare? The PUC needs this information to properly process your complaint so that your identity is not made public.

Note: You must answer this question if your complaint is against a natural gas distribution utility, an electric distribution utility or a water distribution utility AND your complaint is about a problem involving billing, a request to receive service, a security deposit request, termination of service or a request for a payment agreement.

Has a court granted a "Protection From Abuse" order for your personal safety or welfare?

YES

NO

If your answer to the above question is "yes," attach a copy of the current Protection From Abuse order to this Formal Complaint form.

7. **Prior Utility Contact**

a. Is this an appeal from a decision of the PUC's Bureau of Consumer Services (BCS)?

YES

NO

Note: If you answered yes, move to Section 8. No further contact with the utility or company is required. If you answered no, answer the question in Section 7 b. and answer the question in Section 7 c. if relevant.

b. If this is not an appeal from a BCS decision, have you spoken to a utility or company representative about this complaint?

YES

NO

Note: You must contact the utility first if (1) you are a residential customer, (2) your complaint is against a natural gas distribution utility, an electric distribution utility or a water utility AND (3) your complaint is about a billing problem, a service problem, a termination of service problem, or a request for a payment agreement.

PGW Exhibit 4

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- c. If you tried to speak to a utility company representative about your complaint but were not able to do so, please explain why.

Note: Even if you are not required to contact the utility or company, you should always try to speak to a utility or company representative about your problem before you file a Formal Complaint with the PUC.

8. Legal Representation

If you are filing a Formal Complaint as an individual on your own behalf, you are not required to have a lawyer. You may represent yourself at the hearing.

If you are already represented by a lawyer in this matter, provide your lawyer's name, address, telephone number, and e-mail address, if known. Please make sure your lawyer is aware of your complaint. If represented by a lawyer, both you and your lawyer must be present at your hearing.

Lawyer's Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

E-mail Address (if known) _____

Note: Corporations, associations, partnerships, limited liability companies and political subdivisions are required to have a lawyer represent them at a hearing and to file any motions, answers, briefs or other legal pleadings.

PGW Exhibit 4

9. **Verification and Signature**

You must sign your complaint. Individuals filing a Formal Complaint **must** print or type their name on the line provided in the verification paragraph below and **must sign and date** this form in **ink**. If you do not sign the Formal Complaint, the PUC **will not accept it**.

Verification:

I, Stacey Norton, 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).

[Signature] 9/24/18
(Signature of Complainant) (Date)

Title of authorized employee or officer (only applicable to corporations, associations, partnerships, limited liability companies or political subdivisions)

Note: If the Complainant is a corporation, association, partnership, limited liability company or political subdivision, the verification **must** be signed by an authorized officer or authorized employee. If the Formal Complaint is **not signed** by one of these individuals, the PUC **will not accept it**.

10. **Two Ways to File Your Formal Complaint**

Electronically. You must create an account on the PUC's eFiling system, which may be accessed at <http://www.puc.pa.gov/efiling/default.aspx>.

Note: If you are appealing your Bureau of Consumer Services (BCS) decision, you must file your formal complaint by mail.

Mail. Mail the completed form with your original signature and any attachments, by certified mail, first class mail, or overnight delivery to this address:

Secretary
Pennsylvania Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120

SEP 25 2018
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Note: Formal Complaints sent by fax or e-mail 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 Formal Complaint for your records.

PGW Exhibit 4

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