

Hello,

C-2019-3011407

Please find enclosed a check for

\$500.00 from:

Old City Movers, Inc

A-2008-2062242

RECEIVED

JUL 11 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

This check is for not providing proof
of cargo insurance. There was a mistake
made with our former agent. We are therefore
submitting this check to pay the fine imposed.

Best,

John Zimba

Owner

Old City Movers Inc

267-255-6807

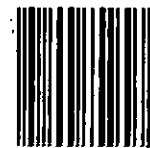


LY TO SEAL

PRESS FIRMLY TO SEAL



1007



17105

U.S. POSTAGE PAID
PME 2-Day
SAN RAFAEL, CA
94901
JUL 11, 19
AMOUNT

\$25.50
R2304N117984-2

SECURITY
MAIL ★
EXPRESS™
MADE IN THE U.S.



EL940584962US

INTERNATIONAL USE



PRIORITY
★ **MAIL** ★
EXPRESS™

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) **PHONE** (267) 255-6807

Old City Movers Inc
1417 N. 2nd St. #32
Phila PA 19122

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) **PHONE** ()

Rosemary Chiavetta, Secretary
Penna. Public Utility Commission
P.O. Box 3265
Harrisburg, PA

ZIP + 4® (U.S. ADDRESSES ONLY)
17105-3265

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 94901	Scheduled Delivery Date (MM/DD/YY) 7/12/19	Postage \$ 25.50
Date Accepted (MM/DD/YY) 7/11/19	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 2 NOON	Insurance Fee \$
Time Accepted 3:51 <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 25.50
Weight lb. oz. 5 50	Acceptance Employee Initials 50	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, OCTOBER 2018 PSN 7690-02-000-9996 3-ADDRESSEE COPY

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE

ONALLY,
ATION
RED.

5 x 9.5

