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Michele Thomas  
v.  
Philadelphia Gas Works

Docket No.:  
C-2022-3031826

Initial Call-In  
Telephonic Hearing  
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Pages 1 - 37

Judge's Chambers  
State Office Building  
801 Market Street  
Philadelphia, PA

Friday, July 29, 2022  
Commencing at 10:07 a.m.

INDEX TO EXHIBITS

Docket No. C-2022-3031826

Hearing Date: July 29, 2022

<u>NUMBER</u>	<u>FOR IDENTIFICATION</u>	<u>IN EVIDENCE</u>
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Statement of Account		
PGW's Exhibit 5	7	35
Timeline of Informal and Formal Complaints		

Specific Service Agreement Statement of Account SA- 9961678254

<b>Customer Name</b>	<b>From Date</b>	<b>To Date</b>		
MICHELE THOMAS	6/20/2017	6/20/2022		
<b>Service Address</b>	<b>Account Number</b>	<b>S A Number</b>	<b>Meter</b>	<b>Rate/Class</b>
8515 FERNDAL ST PHIL, PA 191111337	4119182923	9961678254	2292421	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
6/22/2017	LPC									\$54.91	\$3,715.69	\$3,715.69
6/22/2017	BILL	5962	R	30	19	0.63	21		7/18/2017	\$38.64	\$3,754.33	\$3,754.33
7/25/2017	BILL	5977	R	30	15	0.5	0		8/17/2017	\$33.15	\$3,787.48	\$3,787.48
8/22/2017	LPC									\$55.98	\$3,843.46	\$3,843.46
8/22/2017	BILL	5995	R	31	18	0.58	0		9/15/2017	\$37.17	\$3,880.63	\$3,880.63
8/25/2017	PAY							Check		(\$93.15)	\$3,787.48	\$3,787.48
9/22/2017	BILL	6012	R	31	17	0.55	7		10/17/2017	\$35.20	\$3,822.68	\$3,822.68
10/24/2017	BILL	6028	R	29	16	0.55	48		11/16/2017	\$33.85	\$3,856.53	\$3,856.53
11/22/2017	BILL	6096	R	32	68	2.12	406		12/18/2017	\$104.46	\$3,960.99	\$3,960.99
12/26/2017	BILL	6237	R	30	141	4.7	712		1/22/2018	\$209.11	\$4,170.10	\$4,170.10
1/27/2018	LPC									\$62.28	\$4,232.38	\$4,232.38
1/27/2018	BILL	6518	R	35	281	8.03	1182		2/21/2018	\$395.31	\$4,627.69	\$4,627.69
2/27/2018	LPC									\$68.21	\$4,695.90	\$4,695.90
2/27/2018	BILL	6669	R	29	151	5.21	712		3/22/2018	\$249.56	\$4,945.46	\$4,945.46
3/27/2018	LPC									\$71.95	\$5,017.41	\$5,017.41
3/27/2018	BILL	6786	R	28	117	4.18	705		4/20/2018	\$169.67	\$5,187.08	\$5,187.08
4/25/2018	BILL	6869	R	32	83	2.59	540		5/18/2018	\$117.42	\$5,304.50	\$5,304.50
5/25/2018	BILL	6893	R	29	24	0.83	85		6/20/2018	\$50.78	\$5,355.28	\$5,355.28
6/26/2018	BILL	6914	R	30	21	0.7	8		7/20/2018	\$43.08	\$5,398.36	\$5,398.36
7/26/2018	LPC									\$77.67	\$5,476.03	\$5,476.03
7/26/2018	BILL	6933	R	32	19	0.59	0		8/20/2018	\$40.21	\$5,516.24	\$5,516.24
8/24/2018	LPC									\$78.27	\$5,594.51	\$5,594.51
8/24/2018	BILL	6949	R	29	16	0.55	0		9/18/2018	\$36.22	\$5,630.73	\$5,630.73
9/25/2018	BILL	6967	R	33	18	0.55	12		10/18/2018	\$38.82	\$5,669.55	\$5,669.55
9/26/2018	CRPFRZ									(\$5,669.55)	\$0.00	\$0.00
10/24/2018	BILL	6992	R	29	25	0.86	133		11/19/2018	\$124.00	\$124.00	\$124.00
11/27/2018	BILL	7082	R	31	90	2.9	593		12/20/2018	\$124.00	\$248.00	\$248.00

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
12/27/2018	BILL	7223	R	28	141	5.04	692		1/23/2019	\$124.00	\$372.00	\$372.00
1/29/2019	BILL	7409	R	35	186	5.31	976		2/22/2019	\$124.00	\$496.00	\$496.00
2/27/2019	BILL	7605	R	31	196	6.32	910		3/21/2019	\$124.00	\$620.00	\$620.00
3/27/2019	BILL	7746	R	28	141	5.04	682		4/18/2019	\$124.00	\$744.00	\$744.00
4/9/2019	PAY							Check		(\$620.00)	\$124.00	\$124.00
4/26/2019	BILL	7800	R	30	54	1.8	252		5/20/2019	\$124.00	\$248.00	\$248.00
5/25/2019	BILL	7823	R	29	23	0.79	109		6/19/2019	\$124.00	\$372.00	\$372.00
6/7/2019	PAY							Check		(\$250.79)	\$121.21	\$121.21
6/10/2019	CANP									\$250.79	\$372.00	\$372.00
6/10/2019	PAY							Check		(\$249.66)	\$122.34	\$122.34
6/14/2019	CANP									\$249.66	\$372.00	\$372.00
6/14/2019	PAYCAN									\$0.00	\$372.00	\$372.00
6/14/2019	NSFCHA									\$20.00	\$392.00	\$392.00
6/26/2019	BILL	7841	R	32	18	0.56	3		7/19/2019	\$124.00	\$516.00	\$516.00
7/25/2019	BILL	7855	R	30	14	0.47	0		8/19/2019	\$124.00	\$640.00	\$640.00
8/23/2019	BILL	7872	R	29	17	0.59	0		9/18/2019	\$124.00	\$764.00	\$764.00
9/25/2019	BILL	7888	R	33	16	0.48	2		10/18/2019	\$124.00	\$888.00	\$888.00
10/3/2019	CRPFRZ									\$4,877.15	\$5,765.15	\$5,765.15
10/25/2019	LPC									\$14.07	\$5,779.22	\$5,779.22
10/25/2019	BILL	7910	R	29	22	0.76	114		11/20/2019	\$45.67	\$5,824.89	\$5,824.89
11/26/2019	LPC									\$87.16	\$5,912.05	\$5,912.05
11/26/2019	BILL	7987	R	30	77	2.57	507		12/20/2019	\$115.38	\$6,027.43	\$6,027.43
12/27/2019	LPC									\$88.89	\$6,116.32	\$6,116.32
12/27/2019	BILL	8138	R	31	151	4.87	801		1/23/2020	\$212.55	\$6,328.87	\$6,328.87
1/29/2020	LPC									\$92.08	\$6,420.95	\$6,420.95
1/29/2020	BILL	8312	R	35	174	4.97	872		2/24/2020	\$271.33	\$6,692.28	\$6,692.28
2/28/2020	LPC									\$96.15	\$6,788.43	\$6,788.43
2/28/2020	BILL	8458	R	30	146	4.87	718		3/24/2020	\$232.41	\$7,020.84	\$7,020.84
3/27/2020	BILL	8555	R	28	97	3.46	495		4/22/2020	\$152.94	\$7,173.78	\$7,173.78
4/28/2020	BILL	8624	R	30	69	2.3	420		5/21/2020	\$99.47	\$7,273.25	\$7,273.25
5/19/2020	PAY							Check		(\$218.47)	\$7,054.78	\$7,054.78
5/28/2020	BILL	8676	R	32	52	1.62	230		6/22/2020	\$72.59	\$7,127.37	\$7,127.37
6/26/2020	BILL	8704	R	29	28	0.97	3		7/22/2020	\$50.75	\$7,178.12	\$7,178.12
7/28/2020	BILL	8723	R	30	19	0.63	0		8/20/2020	\$38.66	\$7,216.78	\$7,216.78
8/26/2020	BILL	8741	R	31	18	0.58	0		9/21/2020	\$37.38	\$7,254.16	\$7,254.16

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
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10/27/2020	BILL	8791	R	29	27	0.93	87		11/20/2020	\$52.51	\$7,350.88	\$7,350.88
11/26/2020	BILL	8861	R	32	70	2.19	398		12/21/2020	\$111.70	\$7,462.58	\$7,462.58
12/30/2020	BILL	9006	R	34	145	4.26	798		1/26/2021	\$212.64	\$7,675.22	\$7,675.22
1/29/2021	LPC									\$109.45	\$7,784.67	\$7,784.67
1/29/2021	BILL	9180	R	30	174	5.8	833		2/23/2021	\$266.81	\$8,051.48	\$8,051.48
3/2/2021	LPC									\$113.45	\$8,164.93	\$8,164.93
3/2/2021	BILL	9391	R	30	211	7.03	964		3/25/2021	\$298.88	\$8,463.81	\$8,463.81
3/30/2021	LPCWVE									(\$117.93)	\$8,345.88	\$8,345.88
3/30/2021	LPC									\$117.93	\$8,463.81	\$8,463.81
3/30/2021	BILL	9504	R	28	113	4.04	541		4/23/2021	\$172.02	\$8,635.83	\$8,635.83
4/28/2021	BILL	9565	R	32	61	1.91	330		5/21/2021	\$97.78	\$8,733.61	\$8,733.61
5/28/2021	BILL	24	R	29	35	1.21	85		6/23/2021	\$63.72	\$8,797.33	\$8,797.33
6/26/2021	BILL	51	R	29	27	0.93	36		7/21/2021	\$49.19	\$8,846.52	\$8,846.52
7/28/2021	LPC									\$123.67	\$8,970.19	\$8,970.19
7/28/2021	BILL	71	R	32	20	0.62	0		8/20/2021	\$41.76	\$9,011.95	\$9,011.95
8/26/2021	LPC									\$124.30	\$9,136.25	\$9,136.25
8/26/2021	BILL	92	R	29	21	0.72	0		9/21/2021	\$43.25	\$9,179.50	\$9,179.50
9/14/2021	LPCWVE									(\$124.30)	\$9,055.20	\$9,055.20
9/28/2021	BILL	119	R	31	27	0.87	0		10/21/2021	\$54.41	\$9,109.61	\$9,109.61
10/27/2021	LPC									\$125.77	\$9,235.38	\$9,235.38
10/27/2021	BILL	147	R	31	28	0.9	54		11/22/2021	\$64.20	\$9,299.58	\$9,299.58
11/27/2021	LPC									\$126.73	\$9,426.31	\$9,426.31
11/27/2021	BILL	220	R	30	73	2.43	446		12/21/2021	\$123.33	\$9,549.64	\$9,549.64
12/30/2021	LPC									\$128.58	\$9,678.22	\$9,678.22
12/30/2021	BILL	355	R	34	135	3.97	695		1/25/2022	\$243.75	\$9,921.97	\$9,921.97
1/29/2022	LPC									\$132.23	\$10,054.20	\$10,054.20
1/29/2022	BILL	558	R	30	203	6.77	892		2/23/2022	\$351.46	\$10,405.66	\$10,405.66
3/1/2022	LPC									\$137.51	\$10,543.17	\$10,543.17
3/1/2022	BILL	756	R	29	198	6.83	772		3/24/2022	\$353.06	\$10,896.23	\$10,896.23
3/30/2022	LPC									\$142.80	\$11,039.03	\$11,039.03
3/30/2022	BILL	892	R	31	136	4.39	551		4/25/2022	\$250.30	\$11,289.33	\$11,289.33
4/11/2022	PAY							Check		(\$2,700.00)	\$8,589.33	\$8,589.33
4/19/2022	CANP									\$2,700.00	\$11,289.33	\$11,289.33
4/19/2022	PAYCAN									\$0.00	\$11,289.33	\$11,289.33

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
4/19/2022	NSFCHA									\$20.00	\$11,309.33	\$11,309.33
4/29/2022	LPC									\$146.56	\$11,455.89	\$11,455.89
4/29/2022	BILL	987	R	30	95	3.17	354		5/24/2022	\$163.74	\$11,619.63	\$11,619.63
5/27/2022	LPC									\$149.31	\$11,768.94	\$11,768.94
5/27/2022	BILL	1033	R	28	46	1.64	88		6/23/2022	\$92.69	\$11,861.63	\$11,861.63

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    CO PAR, RCVD A SHUT OFF NOTICE ON SEPT 4, 2012, SHUT OFF DUE FOR SEPT 5, 2012, CU
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    9/5/12. A PHONE CALL ATTEMPT WAS MADE ON 8/28/12 AT 10:48 AM WITH NO ANSWER. A
    CALL WAS MADE ON 8/29/12 AT 6:24 PM WITH NO ANSWER. IN A TELEPHONE CONVERSATION
    ON 12/3/12 WITH A PUC INVESTIGATOR, CU AGREED TO A PUC PAR. CO FOLLOWED PROPER
    TERM NOTIFICATION PROCEDURES. THIS INFORMAL COMPLAINT IS: DISMISSED WITH A PAR.
    TOTAL ACCOUNT BALANCE IS $1471.03. BEG JANUARY 2013 DUE DATE, PAY $158.00 PER
    MONTH. THIS SPECIAL BUDGET AMOUNT INCLUDES A REGULAR BUDGET AMOUNT OF $96.00
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  <BCSInvestigatorLName>GOOD</BCSInvestigatorLName>
  <NbrOfTimeSend>1</NbrOfTimeSend>
  <NbrOfTimeFaxed>0</NbrOfTimeFaxed>
  <PUCFax FaxAreaCode="717">7876641</PUCFax>
  </OtherInfo>
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**Customer Contact: Collection**

Date: 10/20/2014 Time: 2:19:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: COLL - Collection Created: 10/20/2014 at: 2:19:46 PM by: RMERRITT

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

Surveyable Auto Delete Date: 10/20/2018 Class: Inquiry

Comments: GAS IS ON MEDICAL -1- HOLD FROM 10/20/2014 TO 11/19/2014 BALANCE OF THE BILL IS \$1851.03 RECEIVED 10/20/2014

**Letter**

Status: Print Date: Run Number: Reprint:

Template:

**Review List Tickler**

Follow Up: to Review Group to User

Priority: Review Group...

Account: 0041 1918 2923 Thomas, Michele M

Premise: 8515 Ferndale St/Phila,Pa

Person: Thomas, Michele M

Change Cancel

**Customer Contact: Collection** [Close]

Date: 11/25/2014 Time: 12:27:00 PM Source: JetSearch Related Tran: Account Maintenance  
CC Type: COLL - Collection Created: 11/25/2014 at: 12:27:14 PM by: KVALENTI  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 11/25/2018 Class: Inquiry

Comments: M2-medical hold-11/21/14-12/21/14

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M [Dropdown]  
Premise: 8515 Ferndale St/Phila,Pa [Dropdown]  
Person: Thomas, Michele M [Dropdown]

[Change] [Cancel]

**Customer Contact: Collection**

Date: 04/10/2015 Time: 4:45:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: COLL - Collection Created: 04/10/2015 at: 4:45:52 PM by: ASTARLIN

Area: 800 - Residential General Service Changed: 04/10/2015 at: 4:58:35 PM by: ASTARLIN

Surveyable Auto Delete Date: 04/10/2019 Class: Inquiry

Comments: GAS IS ON MEDICAL HOLD ENTER BALANCE OF THE BILL IS \$2700.06 RECEIVED 4-10-14 11-24-2014  
CUSTOMER HAS HAD 3 MEDICALS - MEDICAL -1- 10-20-14 TO 11-19-14 - MEDICAL -2- 11-25-14 TO  
12-24-14- MEDICAL -3- 4-10-15 TO 5-10-15 NO NEW MONEY

**Letter**

Status: \_\_\_\_\_ Print Date: \_\_\_\_\_ Run Number: \_\_\_\_\_ Reprint: [v]

Template: \_\_\_\_\_

**Review List Tickler**

Follow Up: [ ]  to Review Group  to User

Priority: [ ] Review Group... [ ]

Account: 0041 1918 2923 Thomas, Michele M

Premise: 8515 Ferndale St/Phila,Pa

Person: Thomas, Michele M

[Change] [Cancel]

```

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  <CompanyCode>0766</CompanyCode>
  <CompanyType>GAS TRANSPORTER</CompanyType>
- <Customer>
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  <CustomerLastName>THOMAS</CustomerLastName>
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  <ServState>PA</ServState>
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  <RelatedInformation>CUSTOMER STATES SHE HAS PAID OFF LAST PUC PAR. NOT ON CAP. SHUTOFF
    NOTICE FOR MAY 25TH. PAR NEEDED. THE CELL PHONE NUMBER (267) 879 - 5593 HAS BEEN
    ALLOWED TO BE SHARED. THE EMAIL ADDRESS DOOLEYHAUSE@COMCAST.NET HAS BEEN
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- <OtherInfo>
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  <BCSInvestigatorLName>CASE POOL</BCSInvestigatorLName>
  <BCSInvestigatorPhone AreaCode="717">7870000</BCSInvestigatorPhone>
  <BCSIntakerFName>DAVID</BCSIntakerFName>
  <BCSIntakerLName>EDINGER</BCSIntakerLName>
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  <NbrOfTimeFaxed>0</NbrOfTimeFaxed>
  <PUCFax FaxAreaCode="717">7876641</PUCFax>
  </Case>

```

schema:<http://pucksi.state.pa.us/DataEx/Schema/ClosingDataSend.xdr>">

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<CompanyName>**PGW (PHILA. GAS WORKS (NGDC))**</CompanyName>

<CompanyCode>**0766**</CompanyCode>

<CompanyType>**GAS TRANSPORTER**</CompanyType>

= <Customer>

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<AccountNumber>**4119182923**</AccountNumber>

= <CustomerServAddress>

<ServAddress1>**8515 FERNDALE STREET**</ServAddress1>

<ServCity>**PHILADELPHIA**</ServCity>

<ServState>**PA**</ServState>

<ServZip5>**19111**</ServZip5>

</CustomerServAddress>

</Customer>

<DecisionIssue>**N**</DecisionIssue>

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<TotalBalance>**2927.48**</TotalBalance>

<DateClosed>**2015-09-08**</DateClosed>

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<HeadDate>**2015-09-10**</HeadDate>

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= <OtherInfo>

<BCSInvestigatorFName>**JOSHUA**</BCSInvestigatorFName>

<BCSInvestigatorLName>**CASHER**</BCSInvestigatorLName>

<NbrOfTimeSend>**1**</NbrOfTimeSend>

<NbrOfTimeFaxed>**0**</NbrOfTimeFaxed>

</OtherInfo>

</Case>

PENNSYLVANIA PUBLIC UTILITY COMMISSION

FX-717-787-6691

Formal Complaint

BCS-3347804

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.

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 Michele Thomas

Street/P.O. Box 8515 Ferndale St Apt # \_\_\_\_\_

City Philadelphia State PA Zip 19111

County Philadelphia

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

(215) 728-6466 (home) (267) 879-5593 (mobile)

E-mail Address (optional): dooleyhouse@comcast.net

Utility Account Number (from your bill) 4119182923

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.

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

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.

Philadelphia Gas Works

RECEIVED

SEP 16 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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.

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).  
Appeal

3347804

**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.

**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.

3347804

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.

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.

0347804

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           Michael Thomas          , 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).

          Michael Thomas            
(Signature of Complainant)

          9/16/15            
(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  
Harrisburg, Pennsylvania 17120

**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.**



1007



17120

U.S. POSTAGE  
PAID  
PHILADELPHIA, PA  
19110  
SEP 16, 15  
AMOUNT

**\$16.95**

R2304E104901-27

PGW Exhibit 5  
Page 16 of 98

# FOR DOMESTIC AND INTERNATIONAL USE



EK281652084US



UNITED STATES  
POSTAL SERVICE®

**PRIORITY  
★ MAIL ★  
EXPRESS™**

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

**CUSTOMER USE ONLY**

**FROM:** (PLEASE PRINT) PHONE (215) 268-1212  
 Michele Thomas  
 8515 Fairdale St  
 Philadelphia PA 19111

**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 (717) 718-1177  
 Secretary  
 Pennsylvania Public Utility Comm  
 400 North 5th St  
 Harrisburg PA 17130

ZIP + 4® (U.S. ADDRESSES ONLY)

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day  2-Day  Military  DPO

PO ZIP Code: 19110 Scheduled Delivery Date (MM/DD/YY): 9-17-15 Postage: \$16.95

Date Accepted (MM/DD/YY): 9-16-15 Time Accepted: 11:07 AM  AM  PM  10:30 A

Weight: lbs. 1.60  Flat Rate  Sunday

**DELIVERY (POSTAL SERVICE)**

Delivery Attempt (MM/DD/YY) Time

Delivery Attempt (MM/DD/YY) Time



CMPC

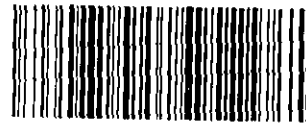
To: PUC SECRETARY BUREAU

Agency PUC

Floor:

External Carrier: EXPRESS

9/17/2015 10:16:55 AM



EK281652084US

\* Money Back Guarantee to U.S., select APO, FPO, DPO, and select international destinations. See DMM and IMM at pe.usps.com for complete details.

† Money Back Guarantee for U.S. destinations only.

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ORDER FREE SUPPLIES ONLINE



UNITED STATES  
POSTAL SERVICE

July 2013  
625 x 15.125

**Customer Contact: Collection** [Close]

Date: 09/18/2015 Time: 1:44:00 PM Source: JetSearch Related Tran: Account Maintenance  
CC Type: COLL - Collection Created: 09/18/2015 at: 1:44:19 PM by: RWRIGHT1  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 09/18/2019 Class: Inquiry

Comments: cor called to ask if she had an open PUC case. I told cor that she did. c/s

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

[Change] [Cancel]

**Customer Contact: Customer Review Unit**

Date: 12/01/2015 Time: 8:31:00 AM Source: JetSearch Related Tran:

CC Type: CRU - Customer Review Unit Created: 12/01/2015 at: 8:31:33 AM by: CJACKS03

Area: 800 - Residential General Service Changed: 12/01/2015 at: 8:32:11 AM by: CJACKS03

Surveyable Auto Delete Date: 11/30/2020 Class: Inquiry

Comments: Satisfaction Letter sent for PUC Case Docket # C-2015-2503972. Case is Marked as Closed.

**Letter**

Status: \_\_\_\_\_ Print Date: \_\_\_\_\_ Run Number: \_\_\_\_\_ Reprint: \_\_\_\_\_

Template: \_\_\_\_\_

**Review List Tickler**

Follow Up: \_\_\_\_\_  to Review Group  to User

Priority: \_\_\_\_\_ Review Group...

Account: 0041 1918 2923 Thomas, Michele M

Premise: 8515 Ferndale St/Phila,Pa

Person: Thomas, Michele M

# PHILADELPHIA GAS WORKS

## PUC

### Opening XML

<b>Case Number:</b>	3542326
<b>Company Name:</b>	PGW (PHILA. GAS WORKS (NGDC))
<b>Company Code:</b>	0766
<b>Company Type:</b>	GAS TRANSPORTER
<b>Customer First Name:</b>	MICHELE
<b>Customer Middle Initial:</b>	
<b>Customer Last Name:</b>	THOMAS
<b>Customer Account Number:</b>	8888888888
<b>Customer Home Phone w/ Area Code:</b>	
<b>Customer Work Phone w/ Area Code:</b>	
<b>Customer Service Class:</b>	RESIDENTIAL
<b>Customer Mail Address 1:</b>	
<b>Customer Mail Address 2:</b>	
<b>Customer Mail Address City:</b>	
<b>Customer Mail Address State:</b>	
<b>Customer Mail Address Zip:</b>	
<b>Customer Mail Address 4-Zip:</b>	
<b>Customer Service Address 1:</b>	8515 FENDALE STREET
<b>Customer Service Address 2:</b>	
<b>Customer Service Address City:</b>	PHILADELPHIA
<b>Customer Service Address State:</b>	PA
<b>Customer Service Address Zip:</b>	19111
<b>Customer Service Address 4-Zip:</b>	
<b>Customer Family Adults:</b>	2
<b>Customer Family Children:</b>	2
<b>Customer Family Age:</b>	17,14
<b>Gross Income</b>	
<b>Source</b>	<b>Income Amount</b>
A1-WAGE	2800
A2-STUDENT	0
<b>Date Open:</b>	2017-07-07
<b>Reason For Contact:</b>	SCIC PAR (SIG. CHANGE IN CIRCUMSTANCE) (# 66)
<b>Term Date:</b>	2017-07-10
<b>Business Name:</b>	CU IS CLLR
<b>Case Problem:</b>	
<b>Company Position:</b>	07/07/2017 CO REQUESTING \$540 TO AVOID TERM.

**Related Information:**

SCIC// CU CALLED HAD A PRIOR PUC PAR THAT SHE THINKS SHE HAS SATISFIED, CUSTOMER STATED THAT SHE HAS PAID ENOUGH MONEY TO THE COMPANY TO POSSIBLY SATISFIED THE PUC PAR. CUSTOMER STATED THAT SHE HAS UNEXPECTED HOUSEHOLD EXPENSES. CUSTOMER STATED THAT IN DEC 2016 SHE HAD A PLUMBING ISSUE THAT SHE HAD TO REPAIR AND RECENTLY CUSTOMER HAS TO GET A NEW FRIDGE. CUSTOMER CAN PROVIDE BOTH RECORDS OF EXPENSES. - RELIEF SOUGHT - - RELIEF SOUGHT -

**Case Misc Info:**

**Hot Issue:**

**Case Origin:** TELEPHONE

**Prior Case Number:** 3347804

**Universal Service:** M

**Arrearage:** 0

**BCS Investigator First Name:** BCS

**BCS Investigator Last Name:** CASE POOL

**BCS Investigator Phone w/ Area Code:** 7177875468

**BCSIntaker First Name:** RICKY

**BCSIntaker Last Name:** WIJAYA

**Number Of Time Send:** 1

**Number Of Time Faxed:** 0

**Number Of Time Faxed:** 7177876641

**Customer Contact: 1099 Inquiry** [Close]

Date: 07/10/2017 Time: 8:52:00 AM Source: JetSearch Related Tran: Account Maintenance  
CC Type: 1099 - 1099 Inquiry Created: 07/10/2017 at: 8:52:24 AM by: AHAMMON1  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 07/10/2021 Class: Inquiry

Comments: cor called to see her shut off notice has been cancelled. told cor that her acct is under review by the PUC. c/s

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

[Change] [Cancel]

# PHILADELPHIA GAS WORKS

## PUC

### Closing XML

**Case Number:** 3542326  
**Company Name:** PGW (PHILA. GAS WORKS (NGDC))  
**Company Code:** 0766  
**Company Type:** GAS TRANSPORTER  
**Customer First Name:** MICHELE  
**Customer Middle Initial:**  
**Customer Last Name:** THOMAS  
**Account Number:** 4119182923  
**Service Address 1:** 8515 FENDALE 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:** 3787.48  
**Date Closed:** 2017-08-11  
**Resolution:** DISMISSAL LETTER ISSUED CASE DISMISSED PER 1405D B.C.S.  
3015300 NOT SATISFIED SCIC IS NOT VALID CU HAD A CO PAR  
AFTER RECEIVING A PUC PAR  
**Balance Date:** 2017-08-11  
**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:** SHORT BLANK LETTER

**HeadDate:** 2017-08-15  
**Paragraph:**  
**Bill Date:**  
**Reconnect Amount:** 0  
**Pay Amount:** 0.00  
**BCS Investigator First Name:** TOM  
**BCS Investigator Last Name:** CERENE  
**Number Of Time Send:** 1  
**Number Of Time Faxed:** 0  
**PUC Fax:**

# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## Formal Complaint

*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.*

**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 Michele Thomas

Street/P.O. Box 8515 Fenndale St Apt # \_\_\_\_\_

City Phila State PA Zip 19111

County Philadelphia

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

(215) 728-6466 (home) (267) 879-5593 (mobile)

E-mail Address (optional): doolayhouse@comcast.net

Utility Account Number (from your bill) 4119182923

**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.**

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

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

3. **Type of Utility Service**

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

- |   |   |
|---|---|
| <input type="checkbox"/> ELECTRIC       | <input type="checkbox"/> WASTEWATER/SEWER                                     |
| <input checked="" type="checkbox"/> GAS | <input type="checkbox"/> TELEPHONE/TELECOMMUNICATIONS (local, long distance)  |
| <input type="checkbox"/> WATER          | <input type="checkbox"/> MOTOR CARRIER (e.g. taxi, moving company, limousine) |
| <input type="checkbox"/> 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.

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).  
denied Payment Plan.

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 would like an affordable monthly payment to pay off my balance. They are asking for \$900.00 to start plan.

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.

**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.

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

Yes

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.

**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 Michelle Thomas, 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).

Michelle Thomas

(Signature of Complainant)

8/24/17

(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  
Harrisburg, Pennsylvania 17120

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.**

**Customer Contact: Payment** [Close]

Date: 08/25/2017 Time: 3:38:00 PM Source: JetSearch Related Tran: Account Maintenance  
CC Type: PAY - Payment Created: 08/25/2017 at: 3:38:04 PM by: DWILLIA5  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 08/25/2021 Class: Inquiry

Comments: CoR called to verify if there was an active s/o notice. Informed that the notice was cancelled due to the PUC complaint. She wanted to pay the current charges. Took payment: \$93.15 + 2.95 = 96.10 - conf# 23756173867. c/s

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

[Change] [Cancel]

**Customer Contact: Customer Review Unit**

Date: 12/27/2017 Time: 12:00:00 AM Source: Related Tran:

CC Type: CRU - Customer Review Unit Created: 12/27/2017 at: 12:00:10 AM by: WFADMIN

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

Surveyable Auto Delete Date: 12/27/2022 Class: Inquiry

Comments: PUC Formal Complaint Docket # C2017-2621081 resolved through out of court settlement on 12/11/2017 3:44:55 PM.

**Letter**

Status: Print Date: Run Number: Reprint:

Template:

**Review List Tickler**

Follow Up:   to Review Group  to User

Priority:  Review Group...

Account: 0041 1918 2923 Thomas, Michele M

Premise: 8515 Ferndale St/Phila,Pa

Person: Thomas, Michele M

**Customer Contact: Collection**

Date: 04/06/2018 Time: 8:51:00 AM Source: JetSearch Related Tran: Account Maintenance

CC Type: COLL - Collection Created: 04/06/2018 at: 8:51:56 AM by: BHORSEY

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

Surveyable Auto Delete Date: 04/06/2022 Class: Inquiry

Comments: cc for PAR gave catch up amount of \$1540 cust inquired about extension on shutoff expl to cor we don t grant extensions on shutoff notices cust has exhausted all 3 medical options cust stated she ll call back to possible make catc h up amount payment c/s

**Letter**

Status: Print Date: Run Number: Reprint:

Template:

**Review List Tickler**

Follow Up: to Review Group to User

Priority: Review Group...

Account: 0041 1918 2923 Thomas, Michele M

Premise: 8515 Ferndale St/Phila,Pa

Person: Thomas, Michele M

Change Cancel

# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## Formal Complaint

*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.*

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 Michele Michele Thomas

Street/P.O. Box 8515 Ferndale St Apt # \_\_\_\_\_

City Philadelphia State PA Zip 19111

County \_\_\_\_\_

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

( ) \_\_\_\_\_ (home) (215) 879-5593 (mobile)

E-mail Address (optional): dooleyhouse@comcast.net

Utility Account Number (from your bill) 4119182923

**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.**

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

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.

Philadelphia Gas Works

### 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.

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).

**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.

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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 would like an affordable  
payment arrangement which does  
not require large down payment

**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.

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.

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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.

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, Michel Thomas, 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).

Michel Thomas  
(Signature of Complainant)

4/6/14  
(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**

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**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  
Harrisburg, Pennsylvania 17120

**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.

**Customer Contact: Collection** [Close]

Date: 04/06/2018 Time: 2:19:00 PM Source: JetSearch Related Tran: Account Maintenance  
CC Type: COLL - Collection Created: 04/06/2018 at: 2:19:02 PM by: T TORRES2  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 04/06/2022 Class: Inquiry

Comments: Cor called to see if we received info from PUC about her complaint. Adv her that we have hold on account till 5/6/18. I did explain how the Par catch up amount is calculated. C/S

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

[Change] [Cancel]

**BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

Michele Thomas :  
 :  
 v. : C-2018-3001019  
 :  
 Philadelphia Gas Works :

**INITIAL DECISION**

Before  
Alphonso Arnold III  
Special Agent

**INTRODUCTION**

This Initial Decision dismisses the Complaint because the Complainant failed to appear for the telephonic hearing to prosecute her Complaint.

**HISTORY OF THE PROCEEDING**

On April 6, 2018, Michele Thomas (Complainant) filed a Formal Complaint with the Pennsylvania Public Utility Commission (Commission) against Philadelphia Gas Works (Respondent or PGW). The Complainant stated that the utility is threatening to shut off her service or has already shut off her service, and that she would like a payment agreement. Specifically, the Complainant stated that she “would like an affordable payment arrangement which does not require large down payment.”

The Respondent filed an Answer on April 25, 2018. The Answer requested that the Commission deny the Complainant’s Complaint.

Both parties in this matter have selected to accept electronic service in this Commission proceeding. By selecting electronic service (eService), the parties have agreed that being provided a notification of the filings as well as a link to the filings in this proceeding via electronic mail shall constitute valid legal service in lieu of service through first class mail. Therefore, all documents in this proceeding were served electronically instead of by first class mail.<sup>1</sup>

By Hearing Notice served upon the parties on April 27, 2018, the Commission scheduled this matter for a call-in telephonic hearing on Friday, June 1, 2018, at 10:00 a.m. and assigned the case to me.

I issued a Prehearing Order, served upon the parties on May 1, 2018, addressing, inter alia, the method by which the parties could call-in to participate in the hearing, the procedures applicable to the hearing, and the method by which a party could request a change of the scheduled hearing date if the date was not convenient for them.

I conducted the telephonic hearing as scheduled on June 1, 2018. The Complainant was not present on the telephone conference line at 10:00 a.m. The start of the hearing was delayed until approximately 10:15 a.m. to provide the Complainant with additional time to call-in to participate. The Complainant did not call-in to the hearing to participate. Attorney Laureto Farinas was present at the hearing on behalf of the Respondent. No communication had been made to the Office of Administrative Law Judge on the Complainant's behalf explaining her absence. Attorney Farinas represented that PGW had attempted to contact the Complainant prior to the hearing by telephone but could not reach her.

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<sup>1</sup> 52 Pa. Code § 1.53(b)(3) states that, "Service may be made electronically to filing users who have agreed to receive electronic service. Filing users will be sent an electronic mail notice informing them that a document was posted on the Commission's electronic filing system and providing a link to the document on the same day the document is posted."

No witnesses were presented, and no exhibits were introduced for the record. Attorney Farinas moved for the Complaint to be dismissed with prejudice for lack of prosecution.

The record<sup>2</sup> closed on June 1, 2018, following the conclusion of the telephonic hearing. For the reasons discussed below, the Motion of PGW will be granted and the Complaint will be dismissed with prejudice.

### FINDINGS OF FACT

1. The Complainant is Michele Thomas.
2. The Respondent is Philadelphia Gas Works.
3. Both parties in this matter have selected to accept electronic service in this Commission proceeding. By selecting electronic service (eService), the parties have agreed that being provided a notification of the filings as well as a link to the filings in this proceeding via electronic mail shall constitute valid legal service in lieu of service through first class mail. Therefore, all documents in this proceeding were served electronically instead of by first class mail.
4. By Hearing Notice, a hearing in this matter was scheduled for June 1, 2018, at 10:00 a.m.
5. The Audit History of the Commission's docketing system for this case indicates that the Commission served the Hearing Notice on the Complainant and the Respondent electronically on April 27, 2018.
6. By Prehearing Order, the parties were provided with the method by which a party could request a continuance of the hearing date, if needed.

---

<sup>2</sup> The telephonic hearing was recorded by means of a tape recorder. No Court Reporter was present.

7. The Audit History of the Commission's docketing system for this case indicates that the Commission served the Prehearing Order on the Complainant and the Respondent electronically on May 1, 2018.

8. The Audit History of the Commission's docketing system for this case contains no notification that either the Hearing Notice or the Prehearing Order failed to be delivered electronically at the e-mail address selected by the Complainant.

9. The Complainant did not appear for the June 1, 2018 hearing.

10. The Complainant did not withdraw or settle her Complaint against PGW, nor did she request a continuance of the hearing.

#### DISCUSSION

Section 332(a) of the Public Utility Code provides that the party seeking relief from the Commission has the burden of proof. 66 Pa.C.S. § 332(a). To satisfy this burden, the Complainant must show that the named utility is responsible or accountable for the problem described in the Complaint. Patterson v. Bell Telephone Co. of Pa., 72 Pa. PUC 196 (1990); Feinstein v. Philadelphia Suburban Water Co., 50 Pa. PUC 300 (1976). This must be shown by a preponderance of the evidence, that is, by presenting evidence more convincing, by even the smallest amount, than that presented by the other party. Samuel J. Lansberry, Inc. v. Pa. Pub. Util. Comm'n, 578 A.2d 600 (Pa.Cmwlt. 1990), *alloc. den.*, 602 A.2d 863 (Pa. 1992); Se-Ling Hosiery v. Margulies, 70 A.2d 854 (Pa. 1950).

In this proceeding, Ms. Thomas filed a Complaint against PGW seeking legal relief in the form of an “affordable” payment arrangement. As a result, the burden of proof is on Ms. Thomas to show that she is entitled to a more affordable payment arrangement.

Administrative agencies, like the Public Utility Commission, are required to provide due process to the parties appearing before them. This requirement is satisfied when the

parties are afforded notice and the opportunity to appear and be heard. Schneider v. Pa. Pub. Util. Comm'n, 479 A.2d 10 (Pa.Cmwlt. 1984).

Ms. Thomas did not participate in the June 1, 2018 hearing. The date and time of the hearing were provided in the Hearing Notice and the Prehearing Order. The method by which Ms. Thomas could call-in to the hearing to participate in the hearing was provided in the Notice and Order. Furthermore, both the Notice and Order warned Ms. Thomas of the potential consequences that could result from choosing to not participate in the scheduled hearing, including dismissal of the Complaint.

The Hearing Notice and the Prehearing Order were served electronically on the Complainant in accordance with her selection to receive electronic service of all documents instead of receiving a paper copy in the mail. Eservice, in lieu of paper service, constitutes valid legal service. 52 Pa. Code § 1.53(b)(3). According to the Audit History of the Commission's docketing system for this case, the Commission served the Hearing Notice on the Complainant on April 27, 2018. According to the Audit History of the Commission's docketing system for this case the Commission served the Prehearing Order on the Complainant on May 1, 2018. The Audit History of the Commission's docketing system for this case contains no notification that either the Hearing Notice or the Prehearing Order failed to be delivered electronically at the e-mail address provided by the Complainant. Therefore, the Complainant is deemed to have received these documents and had sufficient notice of the day, date and time of the scheduled hearing. Andrea Morella v. PECO Energy Company, Docket No. C-2016-2553416 (Opinion and Order entered November 16, 2016); Bruce Zirkel v. Philadelphia Gas Works, Docket No. C-2016-2561176 (Opinion and Order entered January 27, 2017). Furthermore, PGW represented that it had attempted to contact the Complainant prior to the hearing, but to no avail. The Complainant's failure to appear is unexcused. The Complainant made no attempt to notify the presiding officer that she did not plan to participate in the scheduled June 1, 2018, hearing.

Under these circumstances, the Complainant had ample opportunity to appear and be heard in this proceeding but chose not to do so. Once notice of a hearing and the opportunity to be heard have been provided to the parties, it is the responsibility of both parties

to appear and participate in the hearing. The due process rights of the Complainant have been fully protected. Sentner v. Bell Tel. Co. of Pa., Docket No. F-00161106 (Opinion and Order entered October 25, 1993). The Complainant did not appear, and the hearing proceeded in her absence. 66 Pa.C.S.A. § 332(f) and 52 Pa.Code § 5.245(a) provide that a party that fails to be represented at a scheduled hearing shall waive their opportunity to participate in the hearing.

**(f) Actions of parties and counsel.**--Any party who shall fail to be represented at a scheduled conference or hearing after being duly notified thereof, shall be deemed to have waived the opportunity to participate in such conference or hearing, and shall not be permitted thereafter to reopen the disposition of any matter accomplished thereat, or to recall for further examination of witnesses who were excused, unless the presiding officer shall determine that failure to be represented was unavoidable and that the interests of the other parties and the public would not be prejudiced by permitting such reopening or further examination. . . .

66 Pa.C.S.A. § 332(f).

(a) After being notified, a party who fails to be represented at a scheduled conference or hearing in a proceeding will:

(1) Be deemed to have waived the opportunity to participate in the conference or hearing.

(2) Not be permitted thereafter to reopen the disposition of a matter accomplished at the conference or hearing.

. . .

52 Pa. Code § 5.245(a).

As stated, the Complainant bears the burden of proving by a preponderance of the evidence that she is entitled to relief. By choosing not to participate in the hearing and proffer any evidence to support the Complaint, the Complainant has failed to meet this burden.

The Respondent's counsel moved that the Complaint be dismissed with prejudice for failure to prosecute. The due process rights of the Complainant have been protected. The Complainant had notice of the scheduled hearing and failed to appear to prosecute her Complaint. Therefore, the Respondent's Motion to Dismiss the Complaint is granted.

Accordingly, the Complaint in this matter will be dismissed in its entirety with prejudice. El-Ayazra v. West Penn Power Company, Docket No. F-2015-2509292 (Opinion and Order entered June 30, 2016); Volgstadt v. UGI Penn Natural Gas, Inc., Docket No. F-02266429 (Opinion and Order entered September 12, 2008) and Martin Jefferson v. UGI Utilities, Inc., Docket No. Z-00269892 (Opinion and Order entered December 26, 1995).

### CONCLUSIONS OF LAW

1. The Commission has jurisdiction over the subject matter and parties to this proceeding. 66 Pa.C.S. § 701.

2. The burden of proof in this proceeding is on the Complainant. 66 Pa.C.S. § 332(a).

3. Administrative agencies are required to provide due process to the parties appearing before them. This requirement is satisfied when the parties are afforded notice and the opportunity to appear and be heard. Schneider v. Pa. Pub. Util. Comm'n, 479 A.2d 10 (Pa.Cmwlth. 1984).

4. Once notice of a hearing and the opportunity to be heard has been provided, it is the responsibility of the parties to appear and participate in the hearing. Sentner v. Bell Telephone Co. of Pennsylvania, Docket No. F-00161106, (Opinion and Order entered October 25, 1993).

5. Service may be made electronically to filing users who have agreed to receive electronic service. Filing users will be sent an electronic mail notice informing them that a document was posted on the Commission's electronic filing system and providing a link to the document on the same day the document is posted. 52 Pa. Code § 1.53(b)(3).

6. By failing to appear at her scheduled hearing, the Complainant waived her opportunity to participate in the hearing. 66 Pa.C.S.A. § 332(f); 52 Pa. Code § 5.245(a).

7. By failing to appear and proffer any evidence in support of the Complaint, the Complainant has failed to meet her burden of proof. 66 Pa.C.S. § 332(a).

ORDER

THEREFORE,

IT IS ORDERED:

1. That the Motion of Philadelphia Gas Works to Dismiss the Complaint filed by Michele Thomas at Docket Number C-2018-3001019 is granted.

2. That the Complaint filed by Michele Thomas against Philadelphia Gas Works on April 6, 2018, at Pennsylvania Public Utility Commission Docket Number C-2018-3001019 is hereby dismissed with prejudice for failure to prosecute.

3. That the Secretary's Bureau shall mark the record at Docket Number C-2018-3001019 as closed.

Date: June 4, 2018

\_\_\_\_\_  
/s/  
Alphonso Arnold III  
Special Agent

**PENNSYLVANIA  
PUBLIC UTILITY COMMISSION  
Harrisburg, PA 17105-3265**

Michele Thomas	:	
	:	
v.	:	C-2018-3001019
	:	
Philadelphia Gas Works	:	

**FINAL ORDER**

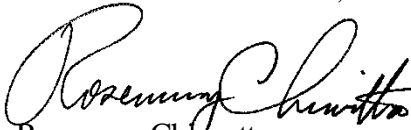
In accordance with the provisions of Section 332(h) of the Public Utility Code, 66 Pa. C.S. §332(h), the decision of Special Agent Alphonso Arnold, III dated June 4, 2018, has become final without further Commission action;

THEREFORE,

IT IS ORDERED:

1. That the Motion of Philadelphia Gas Works to Dismiss the Complaint filed by Michele Thomas at Docket Number C-2018-3001019 is granted.
2. That the Complaint filed by Michele Thomas against Philadelphia Gas Works on April 6, 2018, at Pennsylvania Public Utility Commission Docket Number C-2018-3001019 is hereby dismissed with prejudice for failure to prosecute.
3. That the Secretary's Bureau shall mark the record at Docket Number C-2018-3001019 as closed.

BY THE COMMISSION,

  
 Rosemary Chavetta  
 Secretary

(SEAL)

ORDER ENTERED: July 13, 2018

## 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 8515 FERNDAL ST on or after 8 a.m. on Sep 10, 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 \$5,516.24.
- 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	\$5,516.24
Security Deposit	\$250.00
Turn On Charge	\$123.23
Total	\$5,889.47

**(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.

**Federal Poverty Guidelines (FPG) 2018**

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	\$1,518 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: 4119182923  
Notice Date: Aug 28, 2018  
Please Pay: \$5,516.24**

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

**Amount Enclosed:**

002813 000002550



MICHELE THOMAS  
8515 FERNDAL ST  
PHILA PA 19111-1337



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



# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## Formal Complaint

*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.*

**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 Michele Thomas

Street/P.O. Box 8515 Fernside St Apt # \_\_\_\_\_

City Phila State PA Zip 19111

County Phila

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

(267) 879-5593 (home) (267) 879-5593 (mobile)

E-mail Address (optional): dodleyhouse@comcast.net

Utility Account Number (from your bill) 4119182923

**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.**

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

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.

Philadelphia Gas Works

3. **Type of Utility Service**

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

- |   |   |
|---|---|
| <input type="checkbox"/> ELECTRIC       | <input type="checkbox"/> WASTEWATER/SEWER                                     |
| <input checked="" type="checkbox"/> GAS | <input type="checkbox"/> TELEPHONE/TELECOMMUNICATIONS (local, long distance)  |
| <input type="checkbox"/> WATER          | <input type="checkbox"/> MOTOR CARRIER (e.g. taxi, moving company, limousine) |
| <input type="checkbox"/> 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.
  
- 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).  
Applied for Assistance haven't heard back

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 would like to enter into a  
new payment agreement.

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.

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.

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

Shutoff Scheduled too soon won't give  
new affordable plan.

**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.

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 Michael Thomas, 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).

Michael Thomas

(Signature of Complainant)

9/5/18

(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  
Harrisburg, Pennsylvania 17120

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.

**Customer Contact: Billing** [Close]

Date: 09/07/2018 Time: 9:06:00 AM Source: JetSearch Related Tran: Account Maintenance  
CC Type: BILL - Billing Created: 09/07/2018 at: 9:06:47 AM by: SDAVIS2  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 09/07/2022 Class: Inquiry

Comments: The customer Ms Thomas is calling in today to see if the shut off on the acct was cancelled . Inform the customer that the shut off was cancelled and currently being review by the P"UC . c/s

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

[Change] [Cancel]

**Customer Contact: Customer Review Unit**

Date: 12/07/2018 Time: 12:00:00 AM Source: Related Tran:  
CC Type: CRU - Customer Review Unit Created: 12/07/2018 at: 12:00:06 AM by: WFADMIN  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 12/07/2023 Class: Inquiry

Comments: PUC Formal Complaint Docket # C2018-3004484 resolved through out of court settlement on 11/21/2018 2:47:55 PM.

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

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

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

**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 8515 FERNDAL ST on or after 8 a.m. on Jun 10, 2019. 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 \$258.00.
- 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	\$258.00
Security Deposit	\$252.00
Turn On Charge	\$123.23
Total	\$633.23

**(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.

**Federal Poverty Guidelines (FPG) 2018**

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	\$1,518 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: 4119182923**  
**Notice Date: May 28, 2019**  
**Please Pay: \$258.00**

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

**Amount Enclosed:**

000028 000000491

MICHELE THOMAS  
8515 FERNDAL ST  
PHILA PA 19111-1337



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



**Customer Contact: Billing** [Close]

Date: 06/07/2019 Time: 4:06:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: BILL - Billing [v] Created: 06/07/2019 at: 4:06:25 PM by: DSIMS

Area: 800 - Residential General Service [v] Changed: at: by:

Surveyable Auto Delete Date: 06/07/2023 Class: Inquiry

Comments: cor called about payment she made told cor that the payment she made cancelled s/o notice i cancelled s/o notice c/s

**Letter**

Status: Print Date: Run Number: Reprint: [v]

Template:

**Review List Tickler**

Follow Up: [ ]  to Review Group  to User

Priority: [ ] Review Group... [ ]

Account: 0041 1918 2923 Thomas, Michele M [v]

Premise: 8515 Ferndale St/Phila,Pa [v]

Person: Thomas, Michele M [v]

[Change] [Cancel]

Payment: 06/07/2019 - 260.90

Action

Payment... 89667977489 Canceled Siblings...

Account: 0041 1918 2923 Name: Thomas, Michele M Payment Amt: 260.90

Payment Amt: 260.90  
Payment Date: 06/07/2019  
Tender Type: Q - Check  
Check Id: 0

Pay Distribution Code:  
Confirmation:  
Shareholder:  
Drawer/Bundle:  
Payment Source: Remittance Processor  
Agency/Branch: KUB / 009003  
Batch Nbr/Seq Nbr: 399 / 4078  
Grant Type:

Status History:

Status	Date	By
Created	06/07/2019 23:03	Operator, Bccs Job
Frozen	06/07/2019 23:03	Operator, Bccs Job
Canceled	06/10/2019 20:09	Operator, Bccs Job

Totals:

Category	Amot
Distributed	260.90

Header  
Distribution

Payor / Receipt

Payor...

Person Id: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

Print Receipt

## 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 8515 FERNDAL ST on or after 8 a.m. on Aug 12, 2019. 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 \$556.00.
- 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	\$556.00
Security Deposit	\$236.00
Turn On Charge	\$123.23
Total	\$915.23

**(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**

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- 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) 2018**

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	\$1,518 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: 4119182923  
Notice Date: Jul 29, 2019  
Please Pay: \$556.00**

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

**Amount Enclosed:**

000202 000000507



MICHELE THOMAS  
8515 FERNDAL ST  
PHILA PA 19111-1337



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



# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## Formal Complaint

**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.**

**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 Michele Thomas  
Street/P.O. Box 8515 Ferndale St Apt # \_\_\_\_\_  
City Phila State PA Zip 19111  
County PHILA

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

267, 879-5593 (home) ( ) \_\_\_\_\_ (mobile)

E-mail Address (optional): dooleyhouse@comcast.net

Utility Account Number (from your bill) 4119182923

**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.**

Name \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_  
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.

Philadelphia Gas Works

3. **Type of Utility Service**

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

- |   |   |
|---|---|
| <input type="checkbox"/> ELECTRIC       | <input type="checkbox"/> WASTEWATER/SEWER                                     |
| <input checked="" type="checkbox"/> GAS | <input type="checkbox"/> TELEPHONE/TELECOMMUNICATIONS (local, long distance)  |
| <input type="checkbox"/> WATER          | <input type="checkbox"/> MOTOR CARRIER (e.g. taxi, moving company, limousine) |
| <input type="checkbox"/> 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.  
*Need more time*

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).

**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.

Just need more time to pay what  
I can

**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.

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.

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

Yes won't give new agreement or time

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.



**BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

Michele Thomas :  
 :  
 v. : C-2019-3012118  
 :  
 Philadelphia Gas Works :

**INITIAL DECISION**

Before  
F. Joseph Brady  
Administrative Law Judge

**INTRODUCTION**

This Initial Decision dismisses the Complaint of Michele Thomas against Philadelphia Gas Works because she failed to appear for her hearing and prosecute her Complaint.

**HISTORY OF THE PROCEEDING**

On August 9, 2019, Michele Thomas (Complainant or Ms. Thomas) filed a Formal Complaint (Complaint) against Philadelphia Gas Works (PGW, Company or Respondent) with the Pennsylvania Public Utility Commission (Commission). In her Complaint, under paragraph 4 – Reason for Complaint, Ms. Thomas placed checkmarks next to the statements: “The utility is threatening to shut off my service or has already shut off my service” and “I would like a payment agreement.”

On September 9, 2019, PGW filed an Answer to the Complaint admitting that the Company issued a shut off notice to the Complainant.

By Hearing Notice dated September 12, 2019, an Initial Call-In Telephone Hearing was scheduled for Tuesday, October 29, 2019 at 10:00 a.m., and the matter was assigned to me.

I issued a Prehearing Order on October 2, 2019. The Prehearing Order directed the parties to comply with various procedural requirements and directed that a request to change the scheduled hearing should be sent to me at least five days prior to the hearing date, be in writing and state the agreement or opposition of the other party. It also warned in underlined bold type: **“If the customer is not present and prepared to go forward with the case when it is called, the case will be dismissed by the Administrative Law Judge.”**

On October 29, 2019, I issued an Order granting the Complainant’s October 25, 2019 Motion for a Continuance.

By Cancel/Reschedule Hearing Notice dated October 29, 2019, an Initial Call-In Telephone Hearing was rescheduled for Thursday, December 19, 2019 at 10:00 a.m.

Both Hearing Notices advised the parties of the date, time, and telephone number to call into the scheduled hearing and warned in bold and underlined type: **“At the above date and time, you must call into the hearing. If you fail to do so, your case will be dismissed. You will not be called by the Administrative Law Judge.”**

The hearing began on December 19, 2019, as scheduled. The Respondent called-in with a witness available to testify. The Complainant failed to call-in. The Complainant was given an additional ten minutes to call-in but failed to do so.

No witnesses were presented, and no exhibits were introduced into the record. Counsel for PGW moved that the Complaint be dismissed with prejudice for lack of prosecution pursuant to 52 Pa. Code § 5.245. In accordance with Commission policy, I am granting the Motion.

The record closed on January 15, 2020, upon my receipt of the transcript.

## FINDINGS OF FACT

1. The Complainant is Michele Thomas.
2. The Respondent is Philadelphia Gas Works.
3. On August 9, 2019, the Complainant filed a Complaint with the Commission against the Respondent.
4. On September 9, 2019, the Respondent filed an Answer to the Complaint.
5. By Hearing Notice dated September 12, 2019, an Initial Call-In Telephone Hearing was scheduled for Tuesday, October 29, 2019 at 10:00 a.m.
6. On October 2, 2019, a Prehearing Order was sent to all parties containing, *inter alia*, a warning of potentially serious consequences if they failed to obtain a continuance and failed to attend the hearing.
7. On October 25, 2019, the Complainant filed a Motion for a Continuance due to her being unable to take time off from work.
8. On October 29, 2019, I issued an Order granting the Complainant's Motion for a Continuance.
9. By Cancel/Reschedule Hearing Notice dated October 29, 2019, an Initial Call-In Telephone Hearing was rescheduled for Thursday, December 19, 2019 at 10:00 a.m.
10. Both Hearing Notices warned in bold and underlined type: "**At the above date and time, you must call into the hearing. If you fail to do so, your case will be dismissed. You will not be called by the Administrative Law Judge.**"

11. Both Hearing Notices and the Prehearing Order were sent to the Complainant by regular first-class mail.
12. Neither the Hearing Notices nor the Prehearing Order were returned as undeliverable.
13. The Complainant failed to appear at the December 19, 2019 hearing.

### DISCUSSION

Administrative agencies, such as the Commission, are required to provide due process to the parties appearing before them. *Schneider v. Pa. Pub. Util. Comm'n.*, 479 A.2d 10 (Pa. Cmwlth. 1984). This due process requirement is satisfied, however, when the administrative agency provides the parties notice and the opportunity to be heard.

On October 29, 2019, the Commission sent notice of the Initial Hearing in this case to the Complainant by regular first-class mail. The Hearing Notice advised the parties of the date, time, and telephone number to call into the scheduled hearing and warned in bold and underlined type: “**At the above date and time, you must call into the hearing. If you fail to do so, your case will be dismissed. You will not be called by the Administrative Law Judge.**” In addition, I issued a Prehearing Order on October 2, 2019, also warning of potentially serious consequences if they failed to obtain a continuance and failed to attend the hearing.

None of the documents mailed to the Complainant were returned as undeliverable. Accordingly, I must presume that these documents, which were sent in the ordinary course of business, were received by the Complainant. *Berkowitz v. Mayflower Securities, Inc.*, 317 A.2d 584 (Pa. 1974); *Meierdierck v. Miller*, 147 A.2d 406 (Pa. 1959); *Samaras v. Hartwick*, 698 A.2d 71 (Pa. Super. 1997); *Judge v. Celina Mutual Insurance Co.*, 449 A.2d 658 (Pa. Super. 1982).

The Complainant did not appear for the hearing and has not contacted the Commission. Under these circumstances, the Complainant has had ample opportunity to appear

and be heard in this proceeding. Therefore, the due process rights of the Complainant have been fully protected. *Sentner v. Bell Telephone Co. of Pa.*, Docket No. F-00161106 (Opinion and Order entered October 25, 1993); 52 Pa.Code § 5.245(a).

Finally, Section 332(a) of the Public Utility Code, 66 Pa.C.S. § 332(a), places the burden of proof upon the proponent of any request for relief. As the party bringing this Complaint, the Complainant bears the burden of proving by a preponderance of the evidence that she is entitled to relief. By failing to appear and proffer any evidence to support her Complaint, the Complainant has failed to meet this burden. Therefore, the Complaint should be dismissed with prejudice. *Jefferson v. UGI Utilities, Inc.*, Docket No. Z-00269892 (Opinion and Order entered December 26, 1995); *El-Ayazra v. West Penn Power Company*, Docket No. F-2015-2509292 (Opinion and Order entered June 30, 2016); 52 Pa. Code § 5.245.

#### CONCLUSIONS OF LAW

1. The Commission has jurisdiction over the subject matter of and the parties to this proceeding. 66 Pa.C.S. § 701.

2. Notice properly mailed to a party's last known address and not returned by the post office is presumed to have been received. *Berkowitz v. Mayflower Securities, Inc.*, 317 A.2d 584 (Pa. 1974); *Meirerdierck v. Miller*, 147 A.2d 406 (Pa. 1959); *Samaras v. Hartwick*, 698 A.2d 71 (Pa.Super. 1997); *Judge v. Celina Mutual Insurance Co.*, 449 A.2d 658 (Pa.Super. 1982).

3. The due process rights of the Complainant have been fully protected in this proceeding. *Sentner v. Bell Telephone Co. of Pa.*, Docket No. F-00161106 (Opinion and Order entered October 25, 1993); 52 Pa. Code § 5.245(a).

4. By failing to appear for the hearing and proffer any evidence to support the Complaint, the Complainant has failed to meet her burden of proving that she is eligible to the relief that she seeks from the Commission. 66 Pa.C.S. § 332(a).

ORDER

THEREFORE,

IT IS ORDERED:

1. That the Motion of Philadelphia Gas Works to dismiss the Complaint filed by Michele Thomas at Docket No. C-2019-3012118 is granted.
2. That the Complaint of Michele Thomas against Philadelphia Gas Works at Docket No. C-2019-3012118 is dismissed with prejudice; and
3. That Docket No. C-2019-3012118 be marked closed.

Date: February 27, 2020

\_\_\_\_\_  
/s/  
F. Joseph Brady  
Administrative Law Judge

**PENNSYLVANIA  
PUBLIC UTILITY COMMISSION  
Harrisburg, PA 17105-3265**

Michele Thomas :  
 :  
 v. : C-2019-3012118  
 :  
 Philadelphia Gas Works :

**FINAL ORDER**

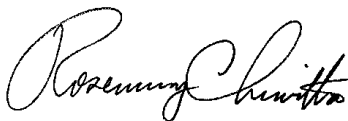
In accordance with the provisions of Section 332(h) of the Public Utility Code, 66 Pa. C.S. §332(h), the decision of Administrative Law Judge F. Joseph Brady dated February 27, 2020, has become final without further Commission action:

THEREFORE,

IT IS ORDERED:

1. That the Motion of Philadelphia Gas Works to dismiss the Complaint filed by Michele Thomas at Docket No. C-2019-3012118 is granted.
2. That the Complaint of Michele Thomas against Philadelphia Gas Works at Docket No. C-2019-3012118 is dismissed with prejudice; and
3. That Docket No. C-2019-3012118 be marked closed.

BY THE COMMISSION,



Rosemary Chiavetta  
Secretary

(SEAL)

ORDER ENTERED: July 17, 2020

**PHILADELPHIA GAS WORKS**  
800 W. MONTGOMERY AVENUE, PHILADELPHIA, PA 19122-0050

**Notice Date:** Mar 02, 2021  
**Account Number:** 4119182923

**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 8515 FERNDAL ST on or after 8 a.m. on Apr 01, 2021. 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 \$8,051.48.
- 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	\$8,051.48
Security Deposit	\$238.00
Turn On Charge	\$123.23
Total	\$8,412.71

**(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.

**Federal Poverty Guidelines (FPG) 2020**

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	\$1,595 or less	\$1,596-\$2,658
2	\$2,155 or less	\$2,156-\$3,592
3	\$2,715 or less	\$2,716-\$4,525
4	\$3,275 or less	\$3,276-\$5,458
Each add. person add	\$560	\$561-\$933

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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: 4119182923**  
**Notice Date: Mar 02, 2021**  
**Please Pay: \$8,051.48**

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

**Amount Enclosed:**

014732 000001200



MICHELE THOMAS  
8515 FERNDAL ST  
PHILA PA 19111-1337



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

# PHILADELPHIA GAS WORKS

## PUC

### Opening XML

<b>Case Number:</b>	3783742
<b>Company Name:</b>	PGW (PHILA. GAS WORKS (NGDC))
<b>Company Code:</b>	0766
<b>Company Type:</b>	GAS TRANSPORTER
<b>Customer First Name:</b>	MICHELE
<b>Customer Middle Initial:</b>	M
<b>Customer Last Name:</b>	THOMAS
<b>Customer Account Number:</b>	4119182923
<b>Customer Home Phone w/ Area Code:</b>	
<b>Customer Work Phone w/ Area Code:</b>	
<b>Customer Service Class:</b>	RESIDENTIAL
<b>Customer Mail Address 1:</b>	
<b>Customer Mail Address 2:</b>	
<b>Customer Mail Address City:</b>	
<b>Customer Mail Address State:</b>	
<b>Customer Mail Address Zip:</b>	
<b>Customer Mail Address 4-Zip:</b>	
<b>Customer Service Address 1:</b>	8515 FERNDALE STREET
<b>Customer Service Address 2:</b>	
<b>Customer Service Address City:</b>	PHILADELPHIA
<b>Customer Service Address State:</b>	PA
<b>Customer Service Address Zip:</b>	19111
<b>Customer Service Address 4-Zip:</b>	
<b>Customer Family Adults:</b>	4
<b>Customer Family Children:</b>	0
<b>Customer Family Age:</b>	
<b>Gross Income</b>	
<b>Source</b>	<b>Income Amount</b>
CustIncome	2569
<b>Date Open:</b>	2021-03-30
<b>Reason For Contact:</b>	ON - PAR NEEDED (# 61)
<b>Term Date:</b>	
<b>Business Name:</b>	
<b>Case Problem:</b>	
<b>Company Position:</b>	03/30/2020 UTILITY TOLD ME TO REAPPLY FOR CRP AND THAT I WAS NOT ELIGIBLE FOR PAYMENT PLAN DUE TO

PAST UNKEPT ARRANGEMENT. ASKING FOR LARGE CURE AMOUNT WHICH I AM TRYING TO FIGURE OUT AND THEN WILL SUBMIT PAPERWORK FOR THE CRP IF NEEDED.

**Related Information:**

61 – CUSTOMER NEEDS A PAYMENT ARRANGEMENT.. THE CELL PHONE NUMBER (267) 879 - 5593 HAS BEEN ALLOWED TO BE SHARED. THE EMAIL ADDRESS DOOLEYHOUSE@COMCAST.NET HAS BEEN ALLOWED TO BE SHARED.

**Case Misc Info:**

**Hot Issue:**

**Case Origin:**

PUC WEBSITE

**Prior Case Number:**

**Universal Service:**

M

**Arrearage:**

0

**BCS Investigator First Name:**

BCS

**BCS Investigator Last Name:**

CASE POOL

**BCS Investigator Phone w/ Area Code:** 7177875468

**BCSIntaker First Name:**

TRENT

**BCSIntaker Last Name:**

PEECHATKA

**Number Of Time Send:**

1

**Number Of Time Faxed:**

0

**Number Of Time Faxed:**

7177876641

**Customer Contact: Collection** [Close]

Date: 03/31/2021 Time: 12:08:00 PM Source: JetSearch Related Tran: Account Maintenance  
CC Type: COLL - Collection Created: 03/31/2021 at 12:08:50 PM by: ATORRES1  
Area: 800 - Residential General Service Changed: at by:  
 Surveyable Auto Delete Date: 03/31/2025 Class: Inquiry

Comments: cor called to see if puc placed hold on acct . i advised yes she stated thank you and that was all she wanted to know c/s

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

[Change] [Cancel]

# PHILADELPHIA GAS WORKS

## PUC

### Closing XML

**Case Number:** 3783742  
**Company Name:** PGW (PHILA. GAS WORKS (NGDC))  
**Company Code:** 0766  
**Company Type:** GAS TRANSPORTER  
**Customer First Name:** MICHELE  
**Customer Middle Initial:** M  
**Customer Last Name:** THOMAS  
**Account Number:** 4119182923  
**Service Address 1:** 8515 FERNDALE STREET  
**Service Address 2:**  
**Service City:** PHILADELPHIA  
**Service State:** PA  
**Service Zip 5:** 19111  
**Service Zip 4:**  
**Decision Issue:** Y  
**Oral Written:** W  
**Violation:** NO  
**Chapter:**  
**Section Rule:**  
**Total Balance:** 8733.61  
**Date Closed:** 2021-05-04  
**Resolution:** DECISION ISSUED. THIS CUSTOMER QUALIFIES FOR NEW UTILITY PAYMENT TERMS IN ACCORDANCE WITH THE COMMISSION'S PUBLIC UTILITY SERVICE TERMINATION MORATORIUM PROCLAMATION OF DISASTER EMERGENCY-COVID-19, DOCKET NO. M-2020-3019244 (EMERGENCY ORDER REVISED AND RATIFIED ON MARCH 18, 2021, EFFECTIVE APRIL 1, 2021). THE UTILITY IS ENCOURAGED TO CONTACT THE CUSTOMER WITHIN 20 DAYS OF THE DATE OF THIS DECISION, TO OFFER A PAYMENT ARRANGEMENT TO THIS CUSTOMER. THE INCOME PROVIDED BY THIS CUSTOMER TO BCS INDICATES THE PAYMENT ARRANGEMENT SHOULD BE AT LEAST 60 MONTHS, WHICH IS CONSISTENT WITH THE TERMS OF THE MARCH 18, 2021 ORDER. IF THE UTILITY IS UNABLE TO ESTABLISH PAYMENT TERMS FOR THIS CUSTOMER DUE TO NO CUSTOMER CONTACT, THE UTILITY MAY BEGIN THE NOTIFICATION AND TERMINATION PROCESS ANEW. CASE DISMISSED.  
**Balance Date:** 2021-04-29  
**Service Restored Pay:** 0.00

**Service Continue Amount:** 0.00  
**Service Continue Date:**  
**Terms:**  
**Special Budget Amount:** 0.00  
**Regular Budget Amount:** 119.00  
**Arrears Payment Plus:** 0.00  
**FinalMonthlyPayment:** 0.00  
**CurrentMonthlyPayment:** 0.00  
**EndMonthlyPayment:** 0.00  
**LetterDescription:**  
**HeadDate:** 2021-05-04  
**Paragraph:**  
**Bill Date:**  
**Reconnect Amount:** 0  
**Pay Amount:** 0.00  
**BCS Investigator First Name:** FLORENCE  
**BCS Investigator Last Name:** BLAMO  
**Number Of Time Send:** 1  
**Number Of Time Faxed:** 0  
**PUC Fax:** 7177876641

## 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 8515 FERNDAL ST on or after 8 a.m. on Aug 09, 2021. 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 \$8,846.52.
- 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	\$8,846.52
Security Deposit	\$240.00
Turn On Charge	\$123.23
Total	\$9,209.75

**(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.

**Federal Poverty Guidelines (FPG) 2021**

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	\$1,610 or less	\$1,611-\$2,683
2	\$2,178 or less	\$2,179-\$3,629
3	\$2,745 or less	\$2,746-\$4,575
4	\$3,313 or less	\$3,314-\$5,521
Each add. person add	\$568	\$569-\$946

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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: 4119182923  
Notice Date: Jul 28, 2021  
Please Pay: \$8,846.52**

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

**Amount Enclosed:**

004189 000001129

MICHELE THOMAS  
8515 FERNDAL ST  
PHILA PA 19111-1337



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



# PHILADELPHIA GAS WORKS

## PUC

### Opening XML

**Case Number:** 3797623  
**Company Name:** PGW (PHILA. GAS WORKS (NGDC))  
**Company Code:** 0766  
**Company Type:** GAS TRANSPORTER  
**Customer First Name:** MICHELE  
**Customer Middle Initial:** M  
**Customer Last Name:** THOMAS  
**Customer Account Number:** 411918923  
**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:** 8515 FERNDALE 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:** 4  
**Customer Family Children:** 0  
**Customer Family Age:**  
**Gross Income**  

Source	Income Amount
A1 WGS	2784
A2	0
A3	0
A4	0

  
**Date Open:** 2021-08-05  
**Reason For Contact:** ON - PAR NEEDED (# 61)  
**Term Date:** 2021-08-10  
**Business Name:**

**Case Problem:**

**Company Position:**

08/04/2021 CUSTOMER WAS PLACED ON COMPANY ARRANGEMENT AND NOT ELIGIBLE FOR ANOTHER.

**Related Information:**

61 – CUSTOMER NEEDS A PAYMENT ARRANGEMENT. NOTES FOR COMPANY – IF RESPONDING WITH AN EGW ABBREVIATED PAR REPORT FOR A STRAIGHT PAYMENT ARRANGEMENT REQUEST (CODE 61), YOU MUST ALSO COMPLETE AND SEND THE “ABBREVIATED REPORT ATTACHMENT.” IF RESPONDING WITH AN EGW FULL PAR REPORT, THE REPORT MUST ANSWER THE SAME QUESTIONS FROM THE “ABBREVIATED REPORT ATTACHMENT.” THE PA’S MUST COMPLY WITH THE MARCH 18, 2021 ORDER (M-2020-3019244). THE CELL PHONE NUMBER (267) 879 - 5593 HAS BEEN ALLOWED TO BE SHARED. THE EMAIL ADDRESS DOOLEYHOUSE@COMCAST.NET HAS BEEN ALLOWED TO BE SHARED.

**Case Misc Info:**

**Hot Issue:**

**Case Origin:**

TELEPHONE

**Prior Case Number:**

3783742

**Universal Service:**

N

**Arrearage:**

2733

**BCS Investigator First Name:**

BCS

**BCS Investigator Last Name:**

CASE POOL

**BCS Investigator Phone w/ Area Code:**

7177875468

**BCSIntaker First Name:**

DORIN

**BCSIntaker Last Name:**

COLLINS

**Number Of Time Send:**

1

**Number Of Time Faxed:**

0

**Number Of Time Faxed:**

7177876641

# PHILADELPHIA GAS WORKS

## PUC

### Closing XML

**Case Number:** 3797623  
**Company Name:** PGW (PHILA. GAS WORKS (NGDC))  
**Company Code:** 0766  
**Company Type:** GAS TRANSPORTER  
**Customer First Name:** MICHELE  
**Customer Middle Initial:** M  
**Customer Last Name:** THOMAS  
**Account Number:** 4119182923  
**Service Address 1:** 8515 FERNDALE 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:** 9011.95  
**Date Closed:** 2021-08-24  
**Resolution:** DISMISSAL LETTER - BCS IS UNABLE TO ESTABLISH PAR IN ACCORDANCE WITH 1405(C). BCS STRONGLY ENCOURAGES THE UTILITY TO WORK WITH THE CUSTOMER, REGARDLESS OF CAP ARREARS, AND EXPLORE ALL OPTIONS CONSISTENT WITH THE TERMS OF THE MARCH 11, 2021 ORDER TO PREVENT TERMINATION OF SERVICE OR ASSIST IN THE RESTORATION OF SERVICE. - CASE DISMISSED  
**Balance Date:** 2021-08-24  
**Service Restored Pay:** 0.00  
**Service Continue Amount:** 3463.53  
**Service Continue Date:**  
**Terms:**  
**Special Budget Amount:** 0.00  
**Regular Budget Amount:** 120.00  
**Arrears Payment Plus:** 0.00  
**FinalMonthlyPayment:** 0.00

**CurrentMonthlyPayment:** 0.00  
**EndMonthlyPayment:** 0.00  
**LetterDescription:**  
**HeadDate:** 2021-08-24  
**Paragraph:**  
**Bill Date:**  
**Reconnect Amount:** 0  
**Pay Amount:** 0.00  
**BCS Investigator First Name:** MICHAEL  
**BCS Investigator Last Name:** STABLEY  
**Number Of Time Send:** 1  
**Number Of Time Faxed:** 0  
**PUC Fax:** 7177876641

## 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 8515 FERNDAL ST on or after 8 a.m. on Sep 20, 2021. 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 \$9,011.95.
- 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	\$9,011.95
Security Deposit	\$242.00
Turn On Charge	\$123.23
Total	\$9,377.18

**(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.

**Federal Poverty Guidelines (FPG) 2021**

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	\$1,610 or less	\$1,611-\$2,683
2	\$2,178 or less	\$2,179-\$3,629
3	\$2,745 or less	\$2,746-\$4,575
4	\$3,313 or less	\$3,314-\$5,521
Each add. person add	\$568	\$569-\$946

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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: 4119182923  
Notice Date: Sep 08, 2021  
Please Pay: \$9,011.95**

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

**Amount Enclosed:**

003706 000000997  
MICHELE THOMAS  
8515 FERNDAL ST  
PHILADELPHIA PA 19111-1337



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

# PHILADELPHIA GAS WORKS

## PUC

### Opening XML

**Case Number:** 3803426  
**Company Name:** PGW (PHILA. GAS WORKS (NGDC))  
**Company Code:** 0766  
**Company Type:** GAS TRANSPORTER  
**Customer First Name:** MICHELE  
**Customer Middle Initial:** M  
**Customer Last Name:** THOMAS  
**Customer Account Number:** 4119182923  
**Customer Home Phone w/ Area Code:** 2678795593  
**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:** 8515 FERNDALE 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:** 4  
**Customer Family Children:** 0  
**Customer Family Age:** 25,21,18  
**Gross Income**  

Source	Income Amount
CustIncome	2784

  
**Date Open:** 2021-09-13  
**Reason For Contact:** ON - PAR NEEDED (# 61)  
**Term Date:** 2021-09-20  
**Business Name:** MICHELE THOMAS  
**Case Problem:**  
**Company Position:** 09/13/2021 THEY TOLD ME THAT I NEED TO APPLY FOR CRP.

**Related Information:**

61 – CUSTOMER NEEDS A PAYMENT ARRANGEMENT. NOTES FOR COMPANY – IF RESPONDING WITH AN EGW ABBREVIATED PAR REPORT FOR A STRAIGHT PAYMENT ARRANGEMENT REQUEST (CODE 61), YOU MUST ALSO COMPLETE AND SEND THE “ABBREVIATED REPORT ATTACHMENT.” IF RESPONDING WITH AN EGW FULL PAR REPORT, THE REPORT MUST ANSWER THE SAME QUESTIONS FROM THE “ABBREVIATED REPORT ATTACHMENT.” THE PA’S MUST COMPLY WITH THE MARCH 18, 2021 ORDER (M-2020-3019244). - RELIEF SOUGHT - PAR TO MAINTAIN SERVICE THE CELL PHONE NUMBER (267) 879 - 5593 HAS BEEN ALLOWED TO BE SHARED. THE EMAIL ADDRESS DOOLEYHOUSE@COMCAST.NET HAS BEEN ALLOWED TO BE SHARED.

**Case Misc Info:**

**Hot Issue:**

**Case Origin:** PUC WEBSITE

**Prior Case Number:**

**Universal Service:** M

**Arrearage:** 9011

**BCS Investigator First Name:** BCS

**BCS Investigator Last Name:** CASE POOL

**BCS Investigator Phone w/ Area Code:** 7177875468

**BCSIntaker First Name:** TOM

**BCSIntaker Last Name:** CERENE

**Number Of Time Send:** 1

**Number Of Time Faxed:** 0

**Number Of Time Faxed:** 7177876641

**Customer Contact: Collection**

Date: 09/16/2021 Time: 3:59:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: COLL - Collection Created: 09/16/2021 at: 3:59:40 PM by: AMORTON

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

Surveyable Auto Delete Date: 09/16/2025 Class: Inquiry

Comments: COR, Michele Thomas, called to say she has a shut off but she contacted the PUC and wanted to make sure the shut off was cancelled. Confirmed shut off was cancelled. She was having difficulty accessing the online portal. Advised to try myaccount.pgworks.com. Tried to help COR with access to online acct. The email address on file is spelled incorrectly. Sent information to sup. COR sat

**Letter**

Status: Print Date: Run Number: Reprint:

Template:

**Review List Tickler**

Follow Up:   to Review Group  to User

Priority:  Review Group...

Account: 0041 1918 2923 Thomas, Michele M

Premise: 8515 Ferndale St/Phila,Pa

Person: Thomas, Michele M

# PHILADELPHIA GAS WORKS

## PUC

### Closing XML

**Case Number:** 3803426  
**Company Name:** PGW (PHILA. GAS WORKS (NGDC))  
**Company Code:** 0766  
**Company Type:** GAS TRANSPORTER  
**Customer First Name:** MICHELE  
**Customer Middle Initial:** M  
**Customer Last Name:** THOMAS  
**Account Number:** 4119182923  
**Service Address 1:** 8515 FERNDALE STREET  
**Service Address 2:**  
**Service City:** PHILADELPHIA  
**Service State:** PA  
**Service Zip 5:** 19111  
**Service Zip 4:**  
**Decision Issue:** N  
**Oral Written:** W  
**Violation:** NO  
**Chapter:**  
**Section Rule:**  
**Total Balance:** 9109.61  
**Date Closed:** 2021-10-22  
**Resolution:** DISMISSAL LETTER ISSUED : THE CUSTOMER HAS CRP ARREARS INCLUDED IN THE ACCOUNT BALANCE. BCS STRONGLY ENCOURAGES THE UTILITY TO WORK WITH THE CUSTOMER, REGARDLESS OF CAP ARREARS, AND EXPLORE ALL OPTIONS CONSISTENT WITH THE TERMS OF THE MARCH 11, 2021 ORDER TO PREVENT TERMINATION OF SERVICE OR ASSIST IN THE RESTORATION OF SERVICE. CASE DISMISSED PER 1405(C).  
**Balance Date:** 2021-10-12  
**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:** 2021-10-22  
**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:** 7177876641

# 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 8515 FERNDAL ST on or after 8 a.m. on Nov 09, 2021. 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 \$9,109.61.
- 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	\$9,109.61
Security Deposit	\$266.00
Turn On Charge	\$123.23
Total	\$9,498.84

**(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 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.

**Federal Poverty Guidelines (FPG) 2021**

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	\$1,610 or less	\$1,611-\$2,683
2	\$2,178 or less	\$2,179-\$3,629
3	\$2,745 or less	\$2,746-\$4,575
4	\$3,313 or less	\$3,314-\$5,521
Each add. person add	\$568	\$569-\$946

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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: 4119182923  
Notice Date: Oct 29, 2021  
Please Pay: \$9,109.61**


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

**Amount Enclosed:**

000010 000000259

MICHELE THOMAS  
8515 FERNDAL ST  
PHILADELPHIA PA 19111-1337



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



# PHILADELPHIA GAS WORKS

## PUC

### Opening XML

<b>Case Number:</b>	3812493
<b>Company Name:</b>	PGW (PHILA. GAS WORKS (NGDC))
<b>Company Code:</b>	0766
<b>Company Type:</b>	GAS TRANSPORTER
<b>Customer First Name:</b>	MICHELE
<b>Customer Middle Initial:</b>	M
<b>Customer Last Name:</b>	THOMAS
<b>Customer Account Number:</b>	4119182923
<b>Customer Home Phone w/ Area Code:</b>	2678795593
<b>Customer Work Phone w/ Area Code:</b>	
<b>Customer Service Class:</b>	RESIDENTIAL
<b>Customer Mail Address 1:</b>	
<b>Customer Mail Address 2:</b>	
<b>Customer Mail Address City:</b>	
<b>Customer Mail Address State:</b>	
<b>Customer Mail Address Zip:</b>	
<b>Customer Mail Address 4-Zip:</b>	
<b>Customer Service Address 1:</b>	8515 FERNDALE STREET
<b>Customer Service Address 2:</b>	
<b>Customer Service Address City:</b>	PHILADELPHIA
<b>Customer Service Address State:</b>	PA
<b>Customer Service Address Zip:</b>	19111
<b>Customer Service Address 4-Zip:</b>	
<b>Customer Family Adults:</b>	3
<b>Customer Family Children:</b>	0
<b>Customer Family Age:</b>	55, 18, 21
<b>Gross Income</b>	
<b>Source</b>	<b>Income Amount</b>
CustIncome	2784
<b>Date Open:</b>	2021-11-08
<b>Reason For Contact:</b>	ON - PAR WITH DISPUTE (#63)
<b>Term Date:</b>	2021-11-09
<b>Business Name:</b>	MICHELE THOMAS
<b>Case Problem:</b>	

**Company Position:** 11/08/2021 PGW TOLD ME THAT THEY COULD NOT GIVE ME A PAYMENT ARRANGEMENT. THE COMPANY IS REQUESTING \$4,000.00 TO GET BACK ONTO CRP.

**Related Information:** SERVICE ON THE REQUESTING A PAR. ORIGINALLY I REQUESTED THE PAYMENT AGREEMENT FROM PGW AND WAS APPROVED AND BECAUSE THEY HAD AN INCORRECT EMAIL AND I WAS SIGNED UP FOR ELECTRONIC BILLING I NEVER RECEIVED THE BILL. I THEN CALLED THEM AND WAS TOLD THAT I COULD NOT GO BACK ONTO THAT PLAN. ALSO WHEN I NEEDED TO SIGN UP FOR A NEW ONLINE ACCOUNT BECAUSE THEY UPDATED THEIR SYSTEM I COULD NOT BECAUSE THEY COULD NOT VERIFY MY EMAIL. - RELIEF SOUGHT - PAR TO MAINTAIN SERVICE. THE EMAIL ADDRESS DOOLEYHOUSE@COMCAST.NET HAS BEEN ALLOWED TO BE SHARED.

**Case Misc Info:**

**Hot Issue:**

**Case Origin:** PUC WEBSITE

**Prior Case Number:**

**Universal Service:** M

**Arrearage:** 9190

**BCS Investigator First Name:** BCS

**BCS Investigator Last Name:** CASE POOL

**BCS Investigator Phone w/ Area Code:** 7177875468

**BCSIntaker First Name:** TOM

**BCSIntaker Last Name:** CERENE

**Number Of Time Send:** 1

**Number Of Time Faxed:** 0

**Number Of Time Faxed:** 7177876641

# PHILADELPHIA GAS WORKS

## PUC

### Closing XML

**Case Number:** 3812493  
**Company Name:** PGW (PHILA. GAS WORKS (NGDC))  
**Company Code:** 0766  
**Company Type:** GAS TRANSPORTER  
**Customer First Name:** MICHELE  
**Customer Middle Initial:** M  
**Customer Last Name:** THOMAS  
**Account Number:** 4119182923  
**Service Address 1:** 8515 FERNDALE STREET  
**Service Address 2:**  
**Service City:** PHILADELPHIA  
**Service State:** PA  
**Service Zip 5:** 19111  
**Service Zip 4:**  
**Decision Issue:** N  
**Oral Written:** O  
**Violation:** NO  
**Chapter:**  
**Section Rule:**  
**Total Balance:** 9549.64  
**Date Closed:** 2021-12-28  
**Resolution:** VERBAL CLOSE WITH OUT A DECISION: EMAILS WERE SENT TO THE EMAIL ADDRESS THE CUSTOMER PROVIDED THE PUC. THE CUSTOMER HAS A THE CRP CURE AMOUNT OF \$3,756.53. THE CUSTOMER HAS TO PAY A CATCH-UP OF \$1,587.36 TO REINSTATE THE COMPANY 60-MONTH PAR. THERE ARE CURRENTLY CRP ARREARS ON THE ACCOUNT OF \$724.53. CUSTOMER WILL APPLY FOR GRANTS.  
**Balance Date:** 2021-12-08  
**Service Restored Pay:**  
**Service Continue Amount:**  
**Service Continue Date:**  
**Terms:**  
**Special Budget Amount:**  
**Regular Budget Amount:**  
**Arrears Payment Plus:**  
**FinalMonthlyPayment:**

**CurrentMonthlyPayment:**

**EndMonthlyPayment:**

**LetterDescription:**

**HeadDate:**

**Paragraph:**

**Bill Date:**

**Reconnect Amount:** 0

**Pay Amount:**

**BCS Investigator First Name:** LORI

**BCS Investigator Last Name:** MARSH

**Number Of Time Send:** 1

**Number Of Time Faxed:** 0

**PUC Fax:** 7177876641

# 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 8515 FERNDAL ST on or after 8 a.m. on Apr 12, 2022. 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 \$10,896.23.
- 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	\$10,896.23
Security Deposit	\$312.00
Turn On Charge	\$123.23
Total	\$11,331.46

**(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.

**Federal Poverty Guidelines (FPG) 2022**

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	\$1,699 or less	\$1,700-\$2,831
2	\$2,289 or less	\$2,290-\$3,815
3	\$2,879 or less	\$2,880-\$4,798
4	\$3,469 or less	\$3,470-\$5,781
Each add. person add	\$590	\$591-\$983

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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: 4119182923  
Notice Date: Mar 31, 2022  
Please Pay: \$10,896.23**

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

**Amount Enclosed:**

004688 000000609  
MICHELE THOMAS  
8515 FERNDAL ST  
PHILADELPHIA PA 19111-1337



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

**Customer Contact: Billing** [Close]

Date: 04/11/2022 Time: 5:45:00 PM Source: JetSearch Related Tran: Account Maintenance  
CC Type: BILL - Billing Created: 04/11/2022 at: 5:45:26 PM by: SWALKER1  
Area: 800 - Residential General Service Changed: at: by:  
 Surveyable Auto Delete Date: 04/11/2026 Class: Inquiry

Comments: cor called to see if the puc placed a hold . i told her they have not . she said she will pay 2645.36 to get back on par. cs

**Letter**  
Status: Print Date: Run Number: Reprint: [Dropdown]  
Template:

**Review List Tickler**  
Follow Up: [Dropdown]  to Review Group  to User  
Priority: [Dropdown] Review Group... [Dropdown]

Account: 0041 1918 2923 Thomas, Michele M  
Premise: 8515 Ferndale St/Phila,Pa  
Person: Thomas, Michele M

[Change] [Cancel]