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STATE OF FLORIDA



OFFICE OF COMMISSION CLERK  
CARLOTTA S. STAUFFER  
COMMISSION CLERK  
(850) 413-6770

# Public Service Commission

## NOTICE OF COMPLAINT

TO

FLORIDA POWER & LIGHT COMPANY  
MR. KEN HOFFMAN  
215 SOUTH MONROE STREET, SUITE 810  
TALLAHASSEE FL 32301-1858  
(via Certified Mail No.7006 0100 0003 1097 2679)

**Re: Docket No. 150207-EI - Petition for initiation of formal proceedings pursuant to Rule 25-22.036, F.A.C., by Timothy Musser.**

Notice is hereby given, via certified U.S. mail, that the above-referenced complaint was filed with the Public Service Commission on September 18, 2015 a copy of which is attached.

You may file a response to this complaint with the Office of Commission Clerk at the address below, with a copy sent to the complainant. The Commission also accepts documents for filing by electronic transmission provided the electronic filing requirements are met. For information regarding these requirements, visit the Commission's Web site at [www.floridapsc.com](http://www.floridapsc.com).

Noticed this September 21, 2015.

Sincerely,

Carlotta S. Stauffer  
Commission Clerk

amc/css  
Enclosure

cc: Timothy Musser  
Roseanne Lucas  
Office of Public Counsel  
Office of General Counsel  
Office of Consumer Assistance & Outreach  
Docket File

RECEIVED FPSC  
15 SEP 21 PM 3:41  
COMMISSION  
CLERK

**REDACTED**

RECEIVED  
 15 SEP 18 PM 3:01  
 COMMISSION  
 CLERK

<b>REQUEST TO ESTABLISH DOCKET</b> (Please type or print. File original with CLK.)		
<b>Date:</b>	9/18/2015	
<b>1. From Division / Staff:</b>	Gcl/Page	
<b>2. OPR:</b>	GCL	
<b>3. OCR:</b>	CAO	
<b>4. Suggested Docket Title:</b>	Petition for Initiation of Formal Proceedings Pursuant to Rule 25-22.036, F.A.C., by Timothy Musser	
<b>5. Program/Module/Submodule Assignment:</b>	Economic Regulation/A/9.	
<b>6. Suggested Docket Mailing List</b>		
<b>a. Provide NAMES/ACRONYMS, if registered company</b>		<input type="checkbox"/> Provided as an Attachment
<b>Company Code, if applicable:</b>	<b>Parties (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>
	Timothy Musser 3 Palmetto Drive Ormond Beach, FL 32176	
EI802	Florida Power & Light Company	Roseanne Lucas P.O.Box 14000 Juno Beach, FL 33408-0420
<b>b. Provide COMPLETE NAME AND ADDRESS for all others (match representatives to companies)</b>		
<b>Company Code, if applicable:</b>	<b>Interested persons, if any, (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>
	Office of Public Counsel	
<b>7. Check one:</b>	<input type="checkbox"/> Supporting documentation attached <input checked="" type="checkbox"/> To be provided with Recommendation	
<b>Comments:</b>		

8-10-2015

I Timothy Marver

Complaint # 1172524E

I was forced to pay a Dep. Based on electric use in the past by other people that lived here, I could not afford that that was wrong.

I am File a formal Complaint a petition, for falsely accusing me of stealing and tampering with Electric

Also I am medically need electric to breath for I have a Oxygen mask. that needs electric to work, I am in medical need, of electric a note from my doctor was sent in to FPL and they agreed to not turn electric off as long as I continue to pay my monthly Bill, which I am and have done, they

If you look at my bill from the date I have been accused of stealing electric my bill has not changed but yet they want us to pay for something we did not do. I had told them I am 81 years old and I have ~~the~~ health issues, in the past year I have had or have been in and out of the hospital I am on a fixed income and I am being forced out of this home for I can't afford

**ORIGINAL**

8-10-2015

175294E

RECEIVED  
SEP 18 2015  
FLORIDA PUBLIC SERVICE COMMISSION  
CONSUMER ASSISTANCE

ORIGINAL

to pay what they are accusing me  
of ussing, which I did not, If you  
look at my bills they have not varied  
by much, the only time they are high  
is when I have to pay interest on a  
bill that they have accused me of  
taking but I did not, I am asking  
I am pleading, begging for help in  
this matter, I, did nothing wrong  
and my civil wrights are being violated  
and so is my wife as a human  
I am being accused, and no matter what  
proof I give, I am sending what I sent  
F P L about my Oxygen and I need  
to live, I have sky apnea, I am also low  
income I was Born May 28-1933, I am  
81 years old, I am disabled and have in  
home care servs.

My FPL Acct # 17674-22544

Also I am and have been belled incorrectly  
Based on there guess, We are, I am below  
poverty level am, we are just barely make  
enough for food, I am 80 years old  
and I have my Grandchild living with  
me full time As of August 1<sup>st</sup> 2015. he  
is eleven years old he goes to O.B.

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RECEIVED  
SEP 18 2015  
FLORIDA PUBLIC SERVICE COMMISSION  
CONSUMER ASSISTANCE

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*



**FPL.**  
March 3, 2015

TIMOTHY MUSSER  
3 PALMETTO DR  
ORMOND BEACH FL 32176



Re: BILL ACCOUNT #: 1767422544  
3 PALMETTO DR  
ORMOND BEACH FL 32176

Dear Timothy Musser:

Thank you for your application to participate in our Medically Essential Service Program. We are happy to inform you that you have been accepted into the program and that a special notation has been made to your account indicating your participation in the program.

Customer satisfaction is important to us and ensuring that your electric needs are met is our primary concern. The Medically Essential Service Program will provide advance notification before any scheduled disconnection will take place. A limited payment extension, if needed, is also provided. The Program does not, however, exempt the customer from payment of the electric bill, guarantee uninterrupted service, or assign a priority status to the customer for service restoration during outages.

Each year we will contact you by mail to request proof of certification because we know that situations change from time to time. We will be sure to give you and your physician plenty of time to complete the re-certification process.

In spite of how hard we work at FPL to keep your power up and running, sometimes acts of nature can cause your power to fail. The time it takes to restore your power depends upon the severity of the damage. Here are some suggestions that may help your household prepare for a prolonged power outage:

- Have sufficient battery backup ready for home medical equipment.
- Register with your local office of Emergency Management.
- Clearly post the telephone number for the American Red Cross.
- Make pre-arrangements with family or friends in case you need to relocate temporarily.

FPL also offers various programs that can help those requiring Medically Essential Service. Information explaining Special Consumer Services is also enclosed.

We especially urge your participation in the following programs:

- FPL Friendly Reminder sends a duplicate final notice to the person of your choice if your electric bill is past due.
- FPL Automatic Bill Pay ensures your bill is always paid, and always on time.
- FPL E-Mail Bill allows you to receive your bills online; like getting an e-mail from a friend.
- FPL Budget Billing helps make your monthly electric bill more predictable.

To sign up for any of these programs or obtain additional information about them, please contact us toll free at 1-800-226-3545.

MEDICALLY ESSENTIAL SERVICE

In order for Florida Power & Light Company to determine whether a customer is eligible for designation as a Medically Essential Service ("MES") Customer, Part A must be completed and signed by the Customer and the Patient or Guardian (if other than the Customer). Part B is to be completed by the Patient's physician and the entire form consisting of both Part A and Part B returned directly to FPL at the following address:

FPL, Attn: Medically Essential Service Program CSF/GO, PO Box 029100, Miami, FL 33102-9100

Part A: CUSTOMER APPLICATION

FPL Account No.: 17674-22544
Customer Name: Tim Musser
Service Address: 3 Palmetto Dr
City, State, Zip: Ormond Beach FL 32176
Daytime Area Code & Telephone Nos.: 386 301 8418
Name of Person Using Equipment: Tim Low Patient's Physician: Chris LARRAZABAL

To the best of my knowledge and belief, the Patient identified above is medically dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified by the Patient's physician to avoid the loss of life or immediate hospitalization. The Patient is a permanent resident at the Service Address identified above. I agree to notify FPL when this equipment is no longer in use. FPL has fully explained how my account will be handled regarding any collection action due to non-payment of the bill. I understand that FPL does not guarantee uninterrupted service or assign a priority status to my account for service restoration during outages. I understand that I must be prepared with backup medical equipment and/or power and a planned course of action in the event of prolonged outages. I agree that FPL, upon request of federal, state, or local governmental authorities whose duties or functions include emergency response or disaster relief or prevention, private entities authorized by congressional charter to assist in disaster relief efforts, may disclose to such requesting entity the following information: the MES Customer name and service address. However, I also understand that FPL may not receive any such requests for this information and that FPL has no obligation to release this MES information to any such entity. In order to be excluded from the disclosure by FPL of the MES information on this form, I must contact FPL to request a Notice of Exclusion From Disclosure. The Notice of Exclusion From Disclosure must be returned to FPL, as provided with the Notice of Exclusion From Disclosure, and will be effective upon FPL's receipt of such properly completed Notice. If I wish to ensure that the MES and/or any additional information regarding the Patient's condition is furnished to any such entity, I will contact the relevant authorities and provide the MES and/or additional information myself. I agree to hold FPL harmless from any claim based on or related to the disclosure of my information by or to FPL, or any failure of FPL to disclose the MES information whether advertent or inadvertent and whether or not the MES information was requested.

Customer Signature: [Signature] Date: 2-11-2015
Patient's or Guardian's Signature (if other than the Customer): [Signature] Date: 2-11-2015

WARNING -- PART A - CUSTOMER APPLICATION: Knowingly making a false or misleading statement in completing the Customer Application could result in the denial or termination of the medically essential service certification.

Part B: PHYSICIAN'S CERTIFICATE

Physician's Name: CHRISTOPHER LARRAZABAL Physician's License #: ME0071203
Physician's Address: 500 Memorial Circle STE A Ormond Beach FL 32174
Physician's Area Code & Telephone Nos.: (386) 676-2779 and/or (386) 676-9220
I, CHRISTOPHER LARRAZABAL, duly licensed and authorized to practice medicine in the State of Florida,

hereby certify that FRANCIS LARWA who resides at 3 Palmetto Dr Ormond Beach FL 32176

is under my care, has been seen by and/or has consulted with me within the past 12 months, and depends upon electric-powered equipment that must be operated continuously or as circumstances require as specified below in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization. The medically essential equipment upon which this patient relies is described as follows: Nebulizer machine

Oxygen 2L via nasal cannula CPAP used
Night time usage

The patient uses this equipment 24 hours within each twenty-four (24) hour period. The following medical condition is why, in my opinion, this patient needs the continuous or specified use of this equipment in order to avoid the loss of his/her life or serious medical complications requiring his/her immediate hospitalization: (Attach additional pages if necessary)

COPD
OSA
Alpha Antitrypsin Deficiency

Physician's Signature: [Signature] Date: 2/11/15, 2015

WARNING - PART B - PHYSICIAN'S CERTIFICATE: False certification of medically essential service by a physician is a violation of s. 458.331(1)(h) or s. 459.015(1)(f), Fla. Stat. and constitutes grounds for discipline, penalties and/or enforcement.

This certificate shall be deemed valid for a period of twelve (12) months from the date the certificate is accepted by FPL for purposes of determining that a customer qualifies as a Medically Essential Service Customer within the meaning of Section 1.85 of the Company's General Rules and Regulations for Electric Service, or that

I also only make 1200.00 monthly and I have a 12 year old that I am raising, I am low income also

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