REDACTED

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original with CLK.)

Date:	9/18/2015
1. From Division / Staff:	Gcl/Page
2. OPR:	GCL
3. OCR:	CAO
4. Suggested Docket Title:	Petition for Initiation of Formal Proceedings Pursuant to Rule 25-22.036, F.A.C., by Timothy Musser
5. Program/Module/Submodule Assignment:	Economic Regulation/A/9.

6. Suggested Docket Mailing List

a. Provide NAMES/ACRONYMS, if registered company ☐ Provided as an Attachment

Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
	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. Provide COMPLETE NAME AND ADDRESS for all others (match representatives to companies)

Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):
	Office of Public Counsel	

7. Check one:	☐ Supporting documentation attached	☒ To be provided with Recommendation

Comments:

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 accussing me of steeling and tampering with Electric Also I am medically need electric to breath for I have a Oxygen mach. 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 steeling 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 ~~bad~~ health issues, in the past year I have had or have bean 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

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to pay what they are accussing me of ussing, which I did not, If you look at my bills they have not varried by mush, the only time they are high is when I have to pay intrest on a bill that they have accussed 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 write as a human I am being accussed, and no matter what proff I give, I am sending what I sent F P L about my Oxygen and I need to live, I have sly 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 serv.

My FPL Acct # 17674-22544

Also I am and have been billed incorrectly Based on their 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 1st 2015. he is eleven years old he goes to O.B.

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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.

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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 **Social Security No.:**

Service Address: 3 Palmetto Dr

City, State, Zip: Ormond Beach FL 32176

Daytime Area Code & Telephone Nos.: 386 301 8418 and/or ( )

Name of Person Using Equipment: Fran Larwa **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, or 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.**

Tim Musser **Customer Signature** Date: 2-11, 20 15

Fran P. Larwa **Patient's or Guardian's Signature (if other than the Customer)** Date: 2-11, 20 15

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,
[Name of physician]

hereby certify that Francis Larwa who resides at 3 Palmetto Dr. Ormond Beach FL 32176
[Name of patient] [Patient's place of residence]

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 COPD need
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: Date: 2/11/15, 20 15

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)(i), 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 1.65 of the Company's General Rules and Regulations for Electric Service, or that

I also only Make 1,200.00 monthly and I have a 12 year old that I am Raising, I am low income also

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