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**COMMONWEALTH OF PENNSYLVANIA**

**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**400 NORTH STREET 2ND FLOOR, HARRISBURG, PA 17120**

***January 15, 2016***

IN REPLY PLEASE

REFER TO OUR FILE NUMBER

**A-2015-2468549**

**JOHN DORSEY JR**

**JOHN DORSEY & ASSOCIATES**

**400 GREENWOOD AVENUE LOWER LEVEL**

**WYNCOTE PA 19095**

Dear Sir/Madam:

We are returning your **Verified Statement of Applicant and Verified Statements of Support** of **Preferred Medical Transport, Inc.** to you because it is required for us to have original signatures. Photocopy or facsimile signatures cannot be accepted. Persons making verified statements must sign in ink as indicated by the tabs stating ‘Sign Here’ and return to the address listed at the top of this letter within 10 days.

Once we receive your Response with your original signature we will be able to process as needed. If you do not return within 10 days your filing will be considered unfiled.

Thank you for your attention to this matter.

Very truly yours,



Rosemary Chiavetta

Secretary

Enclosures

RC:alw