Consumer Name

Consumer Address

 Date of Request

 (send via mail certified mail)

Name of President, and Chief Executive Officer

Name of Utility Company

Address

**NOTE: CONTAINS PERSONAL AND CONFIDENTIAL HEALTH INFORMATION WHICH MUST BE KEPT CONFIDENTIAL BY ALL FIRST ENERGY EMPLOYEES THIS IS SHARED WITH.**

Dear (Utility President and CEO),

I have been a customer of \_\_\_\_\_\_\_\_\_\_\_\_\_ Company for \_\_\_\_ years and am requesting an electro mechanical analog meter as an Americans with Disabilities Act accommodation for my disability, (name of medical condition or disability such as Electromagnetic Sensitivity, nonionizing radiation sequela.) Please find attached the medical evidence from my physicians. The wireless meter currently on our home is interfering with my ability to participate in my everyday activities.

Please share this letter with your ADA Compliance Office. I would be grateful for the courtesy of a response within two weeks.

Thank you for accommodating me in my request.

Sincerely,

 Consumer’s Name

att. (attach letters from physician)

cc: (if possible, send a copy to an attorney, ideally one who files regularly in Federal Court)