

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

For Commission Use Only:  
Case: 04-0290

Illinois Commerce Commission  
527 E. Capital Avenue  
Springfield, Illinois 62701

ORIGINAL

ILLINOIS COMMERCE COMMISSION  
2004 MAR 22 P 3:30  
CLIENT'S OFFICE

Regarding a complaint by Person making the complaint): ROBERT LUTTRELL  
Against (Utility name): Communications of IL  
AT & T PHONE CO, PO Box 8212 AURORA, IL 60572  
As to (Reason for complaint) OVERCHARGED PHONE BILL, 5 TIMES  
WHAT IT SHOULD BE, 34.00 PLUS 5 MIN. LONG DISTANCE.  
SHOULD BE 64.00 NOT 255.00 BARR LANGFORD HAS COMPLETE COPY OF BILL,  
in MUNDELEIN Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 26265 N. Hwy. 83 STE 12 Mundelein IL 60060  
The service address that I am complaining about is 26265 N. Hwy 83 STE 12  
My home telephone is [847] 566-1637  
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [847] 877-3415  
(Full name of utility company) AT & T Communications of IL (respondent) is a public utility and is subject  
to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.  
ATT TOLD ME WHEN I AGREED TO THEIR SERVICE, MY CHARGES  
WOULD BE 21.95 UNLIMITED LOCAL + CALLER ID, NAME + NUMBER  
9.95 EXPANDED UNLIMITED AREA CODES 312, 773, 815, 630 + 847 and  
5¢ A MINUTE LONG DISTANCE FOR 2.95 A MONTH, 34.85 PLUS LONG  
DISTANCE USAGE, TOTAL SHOULD BE 56.45 NOT 255.00.

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?  Yes  No  
Has your complaint filed with that office been closed?  Yes  No

YOU WONT OPEN THE LETTER!

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. OVERCHARGED PH. BILL, 5 TIMES AMOUNT.

2. SEE OTHER SIDE, BARBLANGFORD HAS ALL PAPERWORK ON THIS MATTER, AND A COPY OF THE BILL.

21.95  
9.95  
2.95

34.75 PLUS LONG DISTANCE CHARGES, ABOUT 64.00 TOTAL.

Please clearly state what you want the Commission to do in this case:

MAKE THIS BILL WHAT IT SHOULD BE, 64.00 TOTAL I AM NOT PAYING 255.00 THEY SHOULD STAND BY WHAT WAS IN WRITING.

Date: \_\_\_\_\_  
(Month, day, year)

Complainant's Signature Robert C. Luttrell

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

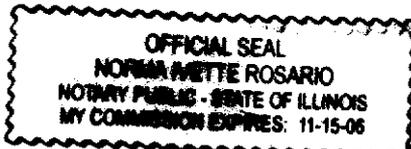
A notary public must witness the completion of this part of the form.

I, ROBERT C. LUTTRELL, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

(Signature) Robert C. Luttrell

Subscribed and sworn/affirmed to before me on (month, day, year) 3/13/04

Norma Belle Rosario  
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.

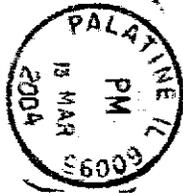
YOU WONT OPEN THE LETTER!

ROBERT LUTTRELL  
26265 N. HWY 83 STA 1/2  
MUNDELEIN, IL 60060

ATTN: To  
SARAH LUTTRELL

ILLINOIS Commerce Commission  
537 EAST CAPITOL AVE.  
P.O. Box 19280  
SPRINGFIELD, IL 62294-9280

6275443200/3020



ILLINOIS  
COMMERCE COMMISSION

2004 MAR 22 P 3:33

CHIEF CLERK'S OFFICE

ILLINOIS COMMERCE COMMISSION  
SPRINGFIELD IL 62701-1687  
RETURN TO SENDER



2ND TIME  
MAILED