

For Commission Use Only:  
Case: 05-0392

FORMAL COMPLAINT

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

Regarding a complaint by (Person making the complaint): PAUL PAIS

Against (Utility name): NICOR GAS

As to (Reason for complaint) Approximately 3 1/4 years after the Nicor Gas service was installed and in use for that time. Nicor added an 11.9% increase by adding a "pressure factor to my bill"  
in Crete Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 1828 E. Rietveld Dr. Crete, IL 60417

The service address that I am complaining about is 1828 E. Rietveld Dr Crete, IL 60417

My home telephone is 708 ~~708~~ 672-1387

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at 708 672-1387

(Full name of utility company) NICOR GAS (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.

83 IL 280.10 Policy

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

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.

See Sheets included

Dollar amount since Dec 2003 to June 12<sup>th</sup> 2005 = \$514.15

Please clearly state what you want the Commission to do in this case: (1) Remove the 11.9% Pressure factor Permanently. (2) Reimburse me for the Previous months bills when the pressure factor was included since Dec, 2003

Date: 6/20/05  
(Month, day, year)

Complainant's Signature Paul Pals

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, PAUL PALS, 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) Paul Pals

Subscribed and sworn/affirmed to before me on (month, day, year) 06-20-05

Glenn D. Smits  
Notary Public, Illinois  
Notary Public, State of Illinois  
My Commission Expires June 15, 2008

**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.