

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION
FORMAL COMPLAINT

For Commission Use Only:
Case: 05-0573

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

ORIGINAL

Regarding a complaint by (Person making the complaint): CARL G. GRAY, Value Car Auto Mart

Against (Utility name): NICOR

As to (Reason for complaint) They Added BILL ON MY ACCOUNT THAT IS NOT MINE AND I AM NOT GOING TO PAY A BILL I DID NOT CONTRACT TO PAY REQUEST MANY TIME TO REMOVE THEY REFUSED, TOLD ME THEY CAN DO WHAT THEY WANT TO IN SO CHGO HGBTS Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 400 ESAWK TRAIL SO CHGO HGBTS IL

The service address that I am complaining about is AS ABOVE UNFAIR

My home telephone is [708] 372 7489

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [708] 372 7489

(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.

I AM NOT GOING TO PAY SOMEONE ELSE BILL
UNFAIR - ILLEGAL - UNJUST

CHIEF CLERK'S OFFICE
2005 SEP - 6 A 11:26
ILLINOIS COMMERCE COMMISSION

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.

I HAVE BEEN A CUSTOMER FOR OVER FIFTEEN YEARS AT MY HOME 2 BLOCK FROM MY BUSINESS AND ALWAYS PD MY BILL THEY TELL ME NOW THAT I OWE FOR AN ACCOUNT AT 1631 CHGO RD, CHGO HGHTS ILL NEVER OWNED NEVER RENTED ETC. AND MOST IMPORTANTLY NEVER ASKED OR CONTRACTED FOR SERVICE AT ANY OTHER LOCATION.

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

Date: 8-25-05 (Month, day, year) Complainant's Signature: Daniel Gray

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

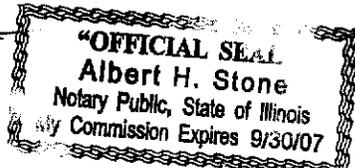
A notary public must witness the completion of this part of the form.

I, DANIEL GRAY, 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) Daniel Gray

Subscribed and sworn/affirmed to before me on (month, day, year) 8-25-05

Albert H. Stone
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.