

RETURNED ON 10/13/2000

ORIGINAL

OFFICIAL FILE

FORMAL COMPLAINT

ILLINOIS COMMERCE COMMISSION

Illinois Commerce Commission
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280

ILLINOIS
COMMERCE COMMISSION

OCT 19 8 46 AM '00

PLEASE RUSH

For Commission Use Only:
CHIEF CLERK'S OFFICE
Case 00-0678

Regarding a complaint

by DARVA WATKINS
(Person making the complaint)

against PEOPLE GAS
(Utility name)

as to DISCONNECTED OF GAS SERVICES
DUE TO COMPANY ERRORS IN BILLING.
(Reason for complaint)

in CHICAGO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 909 EAST 40TH ST APT # 102, CHICAGO, ILLINOIS 60653

The service address that I am complaining about is 3436 S. GILES APT # 2,
CHICAGO, ILLINOIS 60616

My home telephone number is 773-548-5613

Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at 773-548-5613

PEOPLES GAS & ENERGY CO. (respondent) is a public utility and is subject to the provisions of
(Full name of utility company)
the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint.

SECTION 200-170-200-180

Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about this complaint? Yes No

Has your complaint filed with that office been closed? Yes No

Letter of Complaint is Attached:

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

- Company did not follow correct procedures,
 ① DID NOT RESTORE SERVICE ON TIME AFTER PYMT.
 ② DID NOT READ METER.
 ③ BILLED me FOR (3) THREE MONTHS OF SERVICE WITHIN A VACANT APARTMENT.
 ④ PRESIDENT/CEO DID NOT RESPOND TO MY LETTER OF COMPLAINT.

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

IMMEDIATELY

Date: 09-15-2000
(Month, day, and year)

Complainant's signature Dana Watkins

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

4/25

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

VERIFICATION

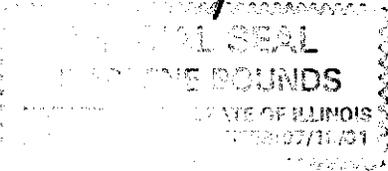
A notary public must watch you fill out this part of the form.

I, DANA WATKINS, 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.

Dana Watkins
(Signature)

Subscribed and sworn/affirmed to before me this 27th day of Sept., 192000

Marlene Bounds
Notary Public, Illinois



NOTE:

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