

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

For Commission Use Only:  
Case: 07-0580

FORMAL COMPLAINT

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

ORIGINAL

Regarding a complaint by (Person making the complaint): BETTY J. JOHNSON

Against (Utility name): COMMONWEALTH EDISON

As to (Reason for complaint)

MONTHLY BILLS TOO HIGH  
TOO MANY ESTIMATED BILLS

CHIEF CLERK'S OFFICE  
2001 NOV 28 1 P 3:24  
ILLINOIS COMMERCE COMMISSION

in CHICAGO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 3947 W. POLK ST., CHICAGO, IL. 60624

The service address that I am complaining about is 3947 W. POLK ST., CHICAGO, IL. 60624

My home telephone is [773] 826-3842

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [773] 826-3842

My e-mail address is \_\_\_\_\_ I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) COMMONWEALTH EDISON (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.  
\_\_\_\_\_  
\_\_\_\_\_

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.

PLEASE SEE ATTACHMENTS

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

**NOTICE:** If personal information (such as a social security number or a bank account number) is contained in this complaint form or provided later in this proceeding, you should submit both a public copy **and** a confidential copy of the document. Any personal information contained in the public copy should be obscured or removed from the document prior to its submission to the Chief Clerk's office. Any personal information contained in the confidential copy should remain legible. If personal information is provided in your public copy, be advised that it will be available on the internet through the Commission's e-Docket website. The confidential copy of any filing you make, however, will only be available to Commission employees. If you file both a public and confidential version of a document, clearly mark them as such.

Today's Date: 11-26-07 Complainant's Signature: Betty Johnson  
(Month, day, year)

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

When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filing the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents).

**VERIFICATION**

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

I, Betty Johnson, Complainant, 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.

Betty Johnson  
Complainant's Signature

NOV 28 2007

Subscribed and sworn/affirmed to before me on (month, day, year) \_\_\_\_\_

[Signature]  
Signature, Notary Public, Illinois



**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing.

(Attachment to)  
Formal Complaint Against Commonwealth Edison

Betty J. Johnson  
3947 W. Polk St., Chicago IL 60624

1. I have made many attempts to have Commonwealth Edison take “actual” meter readings. However, they continue to send “estimated” bills which I believe are inflated. I want accurate “actual” meter readings each month.
2. I want Commonwealth Edison to remove all accumulated fees and late charges incurred as a result of my dispute and contesting the bills. I want them to wipe the slate clean.

Page 1 of 2

Name: BETTY JOHNSON  
Service Location: 3947 W POLK ST 2 CHICAGO  
Phone Number: 773-826-3842  
Account Number: 5806779005

Issue Date: October 31, 2007

Meter Information	Read Date	Meter Number	Load Type	Reading Type	Reading	Meter Reading Previous	Meter Reading Present	Diff	Mult x	Usage
	10/30	141325881	General Service	Tot kWh		33 ACT	445 EST	412	1	412

Current Period	Description	Reading	Rate	Amount
Residential - Blended Multiple Service from 09/28/2007 to 10/30/2007 - 32 Day				
	Customer Charge			\$5.43
	Standard Metering Charge			2.21
	Distribution Facilities Charge	412 kWh X	0.01965	8.10
	Transmission Services Charge	412 kWh X	0.00415	1.71
	Supply Administration Charge			0.03
	Energy Supply Charge	412 kWh X	0.07149	29.45
	Purchased Electricity Adjustment			-0.46
	Gen Assembly Rate Relief Credit	412 kWh X	-0.01278	-5.27
	Environmental Cost Recovery Adj	412 kWh X	0.00010	0.04
	Instrument Funding Charge Credit	412 kWh X	-0.00415	-1.71
	Instrument Funding Charge Debit	412 kWh X	0.00415	1.71
	Franchise Cost			2.18
	State Tax			1.36
	Municipal Tax			2.58
	<b>Total current charges</b>			<b>\$47.36</b>

Other Charges	Charges from previous bill	\$190.15
	Current late payment charge (s) - electric	\$2.90
	Previous late payment charge (s) - electric	\$3.77
	<b>Total other charges</b>	<b>\$196.82</b>
	<b>Total amount due</b>	<b>\$244.18</b>

Omit previous balance if paid. Unpaid previous balances are subject to late charges. Save time and money. Manage your ComEd bill on-line with e-Bill, our fast, free and secure paperless bill delivery and payment service. Enroll by visiting www.ComEdService.com

When paying in person, please bring the entire bill.

Return only this portion with your check made payable to ComEd. Please write your account number on your check.



To pay by phone call 1-800-588-9477. A convenience fee will apply.

Check here to pledge a donation to Power Up fund and complete form on reverse side.

58067 7900 50000 0000

14402 1 AV 0.312 9534/014402/012411 053 01 GX5ISU 1234 11012007  
BETTY JOHNSON  
3947 W POLK ST 2  
CHICAGO, IL 60624-4020

Account Number: 5806779005  
Payment Receipt Stan



Payment Amount

Please pay this amount by 11/26/2007 **\$244.18**

00000047360000019015

ComEd  
Bill Payment Center  
Chicago IL 60668-0001

580677900500002441873300244185

