For Commission Use Only:
Case: 11-0466

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

ORIGINAL

2011 JUN -6 P 12:54
CLERK'S OFFICE
ILLINOIS COMMERCE COMMISSION

Regarding a complaint by (Person making the complaint): Raymond Ruiz

Against (Utility name): Peoples Gas & Coke Company

As to (Reason for complaint) company refuses to accept Ceda grant for payment in full. (because they alledge meter was tampered with: due to past tampering in this building) bill is past due, due to work injury and inabillity to work, S.S.I disabillity case is pending: gas is needed: we have young child and wife is pregnant:

in Chicago Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 3735 W. Grace St. 1st fl. (E)

The service address that I am complaining about is 3735 W. Grace St. 1st. fl. (E)

My home telephone is [773] 433-6160

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [773] 433-6160

My e-mail address is _____ I will accept documents by electronic means (e-mail) ☐ Yes ☒ No

(Full name of utility company) Peoples Gas & Coke Company (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 adm. Part 200.610 (B)(C) — 83 il. adm. Part 200.680
83-il. adm. Part 200.690

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.

1) on 4-25-11, Heartship grant was submitted, gas co. refused to accept payment. because of past problems in this building.

2) I applied with ceda and they agreed to pay 2,319.73 in full to restore service.

3) I couldn't pay the bill because I was injured on the job; I've had shoulder surgery & waiting for back surgery; S.S.I pending.

Please clearly state what you want the Commission to do in this case: ⇒ That my service be restored and that they accept grant payment from the Heart ship program - prove to me that there was tampering - or Restore Service.

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: 5-27-2011 (Month, day, year)

Complainant's Signature: [signature]

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, Raymond Ruiz, 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.

[signature]
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 06/01/2011

[signature]
Signature, Notary Public, Illinois

OFFICIAL SEAL
HUGO PEREZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/18/14

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