

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

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COMMISSION

**FORMAL COMPLAINT**

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

For Commission Use Only:  
Case: 12-0312

**ORIGINAL**

2012 APR 30 12:41

CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint):

Michael Taylor

Against (Utility name):

Com ed

As to (Reason for complaint)

Charges on my account that are not mine and a payment plan that was impossible to maintain. and calls and threats from Com Ed by their workers to turn off my service

in \_\_\_\_\_ Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City)

1 WALDRON AVE KANKAKEE 60901

The service address that I am complaining about is

1 WALDRON AVE KANKAKEE

My home telephone is

(815) 614-3389

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

(815) 320-7388

My e-mail address is \_\_\_\_\_

I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company)

Michael Taylor

(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.

200.110, 200.90 would like to have my court appearance to proof my case

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?

I don't know

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 I am disputing bills of upwards of \$4625<sup>00</sup> on my account and and unreasonable time frame to pay back bills that are not mine

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

Reverse the charges that are not my charges

**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 (Social Security Number, Driver's License Number, Medical Records, etc.) 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: 04/23/2012  
(Month, day, year)

Complainant's Signature: Michael Payla

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

Pastor Bron Church, True Vine.

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**

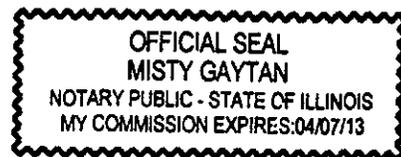
A notary public must witness the completion of this part of the form.

I, Michael Payla, 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.

Michael Payla  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) April 27, 2012

Misty Gaytan  
Signature, Notary Public, Illinois



(NOTARY SEAL)

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