

ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

ORIGINAL

2013 FEB 15 A 11:20

CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): Dr. Anna m. Pelak

Against (Utility name): Com-Ed

As to (Reason for complaint) have been paying electric bill for another office suite. Need to go back to year 2008 for refund.

in Palatine Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 647 N 1st Bank Dr. Palatine IL 60067

The service address that I am complaining about is 649 Suite 649 1st Bank Dr Palatine IL 60067

My home telephone is (847) 358-2477

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (847) 358-2477

My e-mail address is doc@totaldentistry.org 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

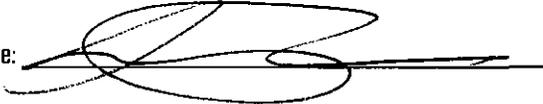
Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

We are owed money back from meters being mixed up. Since 2008. Balance owed to our office is \$4379³². We have copies of bills and cancelled checks to support this claim.

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 (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: JAN 25 2013
(Month, day, year)

Complainant's Signature: 

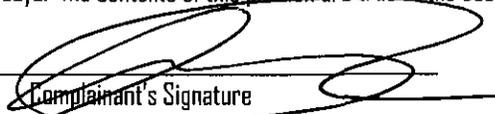
If an attorney will represent you, please give the attorney's name, address, telephone number, and e-mail address.

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

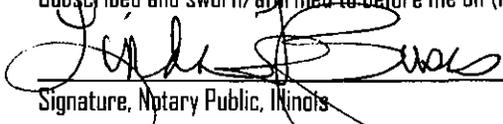
A notary public must witness the completion of this part of the form.

I, Anna Pelak, 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.


Complainant's Signature



Subscribed and sworn/affirmed to before me on (month, day, year) JANUARY 25, 2013.


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.