

**FORMAL COMPLAINT**

2013 SEP 23 P 12:43

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

*AMM*  
CHIEF CLERK'S OFFICE

**ORIGINAL**

Regarding a complaint by (Person making the complaint): BETTY HAMM OWP

Against (Utility name): COMED 1947155081

As to (Reason for complaint) HAVE Pd ALL Bills go to Florida 6-8 months out of Year Received Bill for over 1,000.00 dollars by They STATE this 85 year old women on a bit income was not getting the correct bill and the meter had hole in it.

in 50 Emp Hqts Illinois.

**TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:**

My complete mailing address is (include City) 3137 State St 50 Emp Hqts Illinois

The service address that I am complaining about is Same

My home telephone is [708] 58-7138

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [708] 510-1147

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

(Full name of utility company) COMED (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.

83-1-1001, PART 280-50 (A) 70A  
ILLINOIS COMMERCE COMMISSION  
ATTENTION: STONE  
MORRY PUBLIC UTILITIES DIVISION  
212-222

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.

Com Ed Place New Electric meter and want to charge  
in 1,000.00 we have been paying current bill  
and want us to pay for tampering they read the meter  
monthly whats really going on?

Please clearly state what you want the Commission to do in this case: MY BILL IS WHAT I USE NOT ESTIMATE

IF THERE WAS A PROBLEM COM ED SHOULD HAVE REPAIRED IT WE WERE TAMPERED

**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: 9-17-13  
(Month, day, year)

Complainant's Signature: Betty Hammond

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 Hammond, 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 Hammond  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 9-17-13

Albert H. Stone  
Signature, Notary Public, Illinois



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