

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

For Commission Use Only:
Case: 13-0668

ILLINOIS COMMISSION
2013 DEC -6 A 11:24

FORMAL COMPLAINT

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

COMPLAINT

CHIEF CLERK'S OFFICE *RA*

Regarding a complaint by (Person making the complaint): JOHN JO JOZWIAK

Against (Utility name): COM-ED.

As to (Reason for complaint) TURNING OFF MY ELECTRICAL SERVICE AT 1616 SUMMIT DR, STOCKTON, IL, 61085 (MY MAILING ADDRESS IS PO BX 391, FREEPORT, IL 61032) WHILE I WAS NOT BEHIND IN MY ELECTRICAL SERVICE PAYMENTS.

in _____ Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) PO BX 391, FREEPORT, IL. 61032

The service address that I am complaining about is 1616 SUMMIT DR, STOCKTON, IL 61085

My home telephone is 815 541-6051-Cell

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

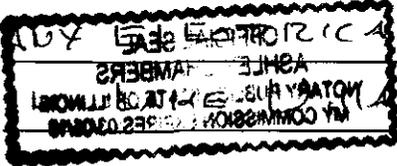
My e-mail address is _____ I will accept documents by electronic means (e-mail) Yes No

(Full name of utility company) COMMONWEALTH EDISON Co. (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.
I LIVE IN STOCKTON, IL. I AM NOT LIABLE FOR ELECTRICAL SERVICES DELIVERED TO PAMA LN, STOCKTON, ILLINOIS.

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.

SEE PACKET OF 16 PAGES OF DOCUMENTS

Please clearly state what you want the Commission to do in this case: TO COURT ORDER CBM-ED TO RESTORE MY ELECTRICAL SERVICE AND TO CEASE AND DESIST FROM WITHHOLDING ELEC. SERVICE UNTIL I PAY \$7000 I DO NOT OWE

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: DECEMBER 3, 2013
(Month, day, year)

Complainant's Signature: [Handwritten Signature]

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

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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

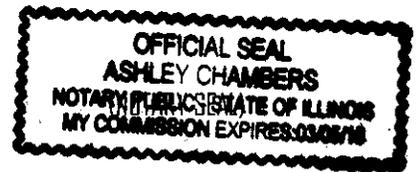
A notary public must witness the completion of this part of the form.

I, JOHN SOZWIAK, 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.

[Handwritten Signature]
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 12/3/2013

Ashley Chambers
Signature, Notary Public, Illinois



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