

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

For Commission Use Only:
Case: 14-0405

ILLINOIS COMMERCE COMMISSION
FORMAL COMPLAINT

2014 JUN -4 AM: 19

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

ORIGINAL

CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): Darryl Thomas

Against (Utility name): Com Ed

As to (Reason for complaint) Unreasonable billing for old address

over three years ago I told com ed to cut off

service at 7240 S Carpenter, 1st fl because the

bills for 142 fl was in my name I was thinking

that once I ended service for 1 fl, they would also end

service for second fl too it was not until

I requested service at 1612 S. Morgan did

they turn service off and now trying

stick with over 2,000. What bill what I don't understand why

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: would anyone let service continue for

over two year after no payment

My complete mailing address is (include City) _____

The service address that I am complaining about is _____

My home telephone is [773] 840-4508

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [773] 397-9476

My e-mail address is Thomasdarr6@aol.com I will accept documents by electronic means (e-mail) Yes No

(Full name of utility company) Com Ed (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.

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: 05/22/2014
(Month, day, year)

Complainant's Signature: Darryl Thomas

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, Darryl Thomas, 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.

Darryl Thomas
Complainant's Signature



Subscribed and sworn/affirmed to before me on (month, day, year) May 29, 2014

Rosemary Jenkins
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.