

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

For Commission Use Only:
Case: 14-0434

ORIGINAL

Regarding a complaint by (Person making the complaint): IFTEKHAR SHAREEF
Against (Utility name): COMMON WEALTH - COMED
As to (Reason for complaint) OVERCHARGE ON MONTHLY BILL
BY OVER 80 TIMES MY AVERAGE
MONTHLY BILL OF \$30/-

in CHICAGO Illinois.

ILLINOIS COMMERCE
COMMISSION
2014 JUN 20 A 10 59
CHIEF CLERK'S OFFICE

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 7227 N. KENNETH AVE, LINCOLNWOOD, 60712

The service address that I am complaining about is 6030 N. SHERIDAN UNIT 102, CHI, 60660

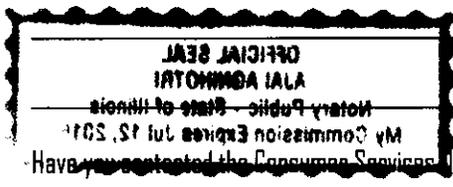
My home telephone is (847) 675-6433

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (312) 593-3210

My e-mail address is Iftekharsareef@yahoo.com 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.



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.

My MONTHLY BILL FOR ~~vacant~~ meter was average \$30/- in Feb. of 2014, however a bill of \$2500/- almost 80 times higher (see enclosed letters)

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: 6-10-14
(Month, day, year)

Complainant's Signature: [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

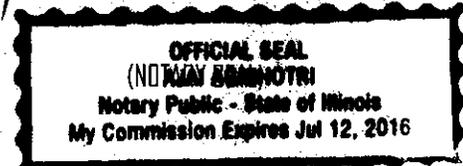
A notary public must witness the completion of this part of the form.

IFTEKHAR SHAREEF, 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.

[Signature]
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) JUNE 16, 2014

[Signature]
Signature, Notary Public, Illinois



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