

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION
RECEIVED
FORMAL COMPLAINT

For Commission Use Only:
Case: 15-097

FEB 11 2015

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

ORIGINAL

ILLINOIS COMMERCE COMMISSION
CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): MIHAIL GOCIMAN

Against (Utility name): NICOR GAS

As to (Reason for complaint) DISPUTE OVER INVOICES SENT FOR WORK DONE BY NICOR IN RE-LOCATING A SMALL PORTION OF ITS GAS LINE AND TAKING THE GAS METER FROM BASEMENT TO THE OUTSIDE, WORK DONE IN JULY 2014. NONE OF NICOR'S WORK HAD BEEN PREVIOUSLY CONSENTED TO INCLUDING ANY APPROVAL OF A NICOR PROPOSAL AS TO ITS TERMS AND CONDITIONS TO INFORM US OF ACTUAL COST PRIOR TO THE WORK BEING DONE.

in SKOKIE Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 5120 CHASE AVE. SKOKIE, IL. 60077

The service address that I am complaining about is 5120 CHASE AVE. SKOKIE, IL. 60077

My home telephone is [847] 673-3680

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [847] 571-0268

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

(Full name of utility company) NICOR GAS (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 WAS UNABLE TO LOCATE A SECTION OF THE LAW THAT IS APPLICABLE

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 SEE ATTACHMENT # 1

Please clearly state what you want the Commission to do in this case:

I SHOULD NOT BE LIABLE FOR PAYING THESE BILLS.

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: FEB 7 2015
(Month, day, year)

Complainant's Signature: M. Gociman

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

NONE

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, MIKHAIL GOCIMAN, 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.

M. Gociman

Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 02.07.2015

Andreea L. Pfeifer
Signature, Notary Public, Illinois



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