

**OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION**

For Commission Use Only:
Case: 15-0482

FORMAL COMPLAINT

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

ORIGINAL

Regarding a complaint by (Person making the complaint): LEONARD I TAYLOR
Against (Utility name): Peoples GAS
As to (Reason for complaint) Peoples Gas is over billing me.

in Chi'cago Illinois.

ILLINOIS COMMERCE COMMISSION
JUN 21 A 10:44
CLERK'S OFFICE

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My complete mailing address is (include City) 702 E 89th STREET
The service address that I am complaining about is Peoples Gas PO Box 19100 Green Bay Wi 54307
My home telephone is [773] 651-6088
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [773] 651-6088
My e-mail address is N/A I will accept documents by electronic means (e-mail) Yes No
(Full name of utility company) Peoples 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.
Peoples Gas & Coke

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.

- ① On Sept 1, 2012 Peoples Gas have been paid by me & Cedar.
- ② Peoples Gas have not been entering all payments by me or Cedar.

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

I want them to make Peoples Gas pay you the difference in cash.

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: 8-18-2015
(Month, day, year)

Complainant's Signature: Leonard Taylor

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, Leonard Taylor, 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.

Leonard Taylor
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year): August 18, 2015

Kimberly Jackson
Signature, Notary Public, Illinois

"OFFICIAL SEAL"
Kimberly Jackson
Notary Public, State of Illinois
My Commission Expires 10/23/2016

(NOTARY SEAL)

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