

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**  
ILLINOIS COMMERCE  
COMMISSION

For Commission Use Only:

Case: 15-0097

**FORMAL COMPLAINT**

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

**ORIGINAL**

2015 OCT 20 A 11: 22

CHIEF CLERK'S OFFICE

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

Against (Utility name): NICOR

As to (Reason for complaint) DISPUTE OVER INVOICES SENT FOR WORK DONE BY NICOR  
IN RE-LOCATING A SMALL PORTION OF ITS GAS LINE, FOR TAKING THE  
GAS METER FROM OUR BASEMENT TO THE OUTSIDE, AND FOR AN UNJUSTIFIED  
RUN OF APPROXIMATELY 70 FEET TO INSTALL A NEW GAS LINE FROM THE MAIN

SOURCE TO OUR HOUSE, ALL OF WHICH WORK WAS DONE IN JULY, 2014. NONE OF NICOR  
WORK HAD BEEN PREVIOUSLY CONSENTED TO, INCLUDING ANY APPROVAL OF A NICOR  
PROPOSAL AS TO ITS TERMS AND CONDITIONS, SO AS TO INFORM US OF RETAIL COST PRIOR  
in Illinois. TO ITS WORK BEING DONE.

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] 673-3690

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

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

(Full name of utility company) NICOR GAS COMPANY (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.

CANNOT LOCATE SECTION APPLICABLE SECTION

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 ATTACHED DOCUMENTS;  
- ATTACHMENTS: 1, 2 AND 3

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: 10/19/2015  
(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.

N/A

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, MICHAEL 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) October 19, 2015

Andreea L. Pfeifer  
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.

