

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

For Commission Use Only:

Case: 16-0096

FORMAL COMPLAINT

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

INFORMAL COMPLAINT
#2015-16232

Regarding a complaint by (Person making the complaint):

DAVIDE WALLIN

Against (Utility name):

COMMONWEALTH EDISON COMPANY

As to (Reason for complaint)

THE UTILITY TECHNICIAN ARRIVED TO INSTALL AMI METER
THE TECH ADVISED THAT INSTALLATION COULD NOT BE COMPLETED BECAUSE FITTING
HAD BEEN "JUMPED" I HAVE NEVER PREVIOUSLY INSPECTED THE METER BOX,
NOR AUTHORIZED ANYONE TO INSTALL A "FITTING" IN THE BOX. MY PROPERTY
HAS HAD PRIOR OWNERS WHO APPARENTLY AUTHORIZED THE "FITTING". AN
ELECTRICIAN ESTIMATED THAT MATERIAL AND LABOR COSTS TO REPAIR WOULD BE
\$1300. THIS REPRESENTS A FINANCIAL BURDEN TO (S) REPAIR A METER DEFECT
WHICH I DID NOT CAUSE & (S) WHICH COMED ALONE CREATED THE PROBLEM SITUATION
in OAK PARK Illinois. BY INITIATING A AMI METER INSTALLATION PROGRAM.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City)

1009 N. MARION ST., OAK PARK, IL 60302-1374

The service address that I am complaining about is

1009 N. MARION ST., OAK PARK, IL.

My home telephone is

[708] 386-0718

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

[708] 386-0718

My e-mail address is

NONE

I will accept documents by electronic means (e-mail) Yes

No

(Full name of utility company)

COMMONWEALTH EDISON 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.

COMMISSION RULES DO NOT APPEAR TO ADDRESS COMPLAINT. I DO NOT
HAVE ACCESS TO OTHER SOURCES CITED.

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. COMPLAINANT'S PROPERTY HAS BEEN PREVIOUSLY OWNED BY AT LEAST TWO(2) OTHER PARTIES.
2. COMPLAINANT HAS NEVER OPENED ELECTRIC METER BOX NOR HAS NEVER AUTHORIZED WORK ON BOX.
3. AN ELECTRICIAN ESTIMATED MATERIAL AND LABOR COSTS TO REPAIR ALLEGED METER DEFECT REPORTED BY UTILITY AT \$300-\$500 - IMPOSING A FINANCIAL BURDEN ON COMPLAINANT.
4. COMPLAINANT DID NOT CREATE METER PROBLEM. COM ED ALONE CREATED THE PROBLEM SITUATION BY INITIATING THE AMI METER INSTALLATION PROGRAM.

Please clearly state what you want the Commission to do in this case: FOR YEARS I HAVE CALLED IN MY ELECTRICAL METER READING THE 2ND/3RD OF EACH MONTH I CAN CONTINUE TO DO SO WITH NO METER REPAIR, OR COM ED CAN REPAIR THE METER.

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: JANUARY 26, 2016
(Month, day, year)

Complainant's Signature: David E Wallin

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

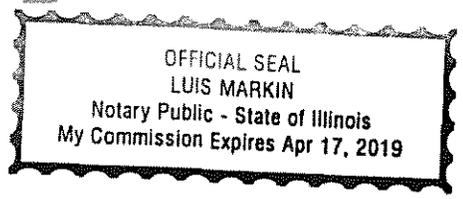
When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filing the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents).

VERIFICATION

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

I, DAVID E WALLIN, 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.

David E Wallin
Complainant's Signature



Subscribed and sworn/affirmed to before me on (month, day, year) January 26, 2016

[Signature]
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.