ORIGINAL

For Commission Use Only:
Case: 16-0175

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

ILLINOIS COMMERCE COMMISSION

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

2016 MAR 10 A 11:24

CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): JORMA WEBBER

Against (Utility name): NICOR GAS

As to (Reason for complaint) PAYMENT REQUESTED FOR
16250 SO. LAFLIN AVE. MARKHAM, IL 60428

in MARKHAM, IL 60428 Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 15306 SO. ASHLAND AVE. HARVEY, IL 60426

The service address that I am complaining about is 16250 SO. LAFLIN AVE. MARKHAM, IL 60428

My home telephone is [708] 940-5189

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [708] 940-5189

My e-mail address is _____ 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.
M-A

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. My original final copy from Nicor Gas was issued 02/22/2008 for $142.31; paid 03/06/2008, therefore leaving a zero balance. Enclosed is a copy of the bill.

2. Synch Current Balance dated 02/28/2008 - $290.05. When and where was this service rendered to be charged $290.05.

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

Prove that I have been incorrectly charged.

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: 03-07-2016 (Month, day, year) Complainant's Signature: Jorma Webber

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, _____, 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.

Jorma Webber
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 3-7-2016

Jennifer Stephens
Signature, Notary Public, Illinois

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
JENNIFER STEPHENS
MY COMMISSION EXPIRES
08/14/2016

(NOTARY SEAL)

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