

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

ORIGINAL

For Commission Use Only:  
Case: 16-0433

FORMAL COMPLAINT

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

RECEIVED  
SEP 12 2016

Regarding a complaint by (Person making the complaint): Latrice Williams ILLINOIS COMMERCE COMMISSION  
CHIEF CLERKS OFFICE  
Against (Utility name): Peoples Gas Light and Coke Company  
As to (Reason for complaint) Discrepancies in Billing

in Chicago Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 4842 W. Iowa St. floor 1, Chicago, IL 60651  
The service address that I am complaining about is 4842 W. Iowa St. floor 1, Chicago, IL 60651  
My home telephone is 773-921-8707  
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at 312-505-8297  
My e-mail address is \_\_\_\_\_ I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) Peoples Gas Light and Coke 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.

83-III, Adm. Part 280.50(c)3(a)  
83-III, Adm. Part 280.90(b)2,6

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. For the time period of 11-17-15 to 5-17-16 I paid gas bills generated from readings of a meter that was not connect to my residence at all.
  2. Then on 6-9-16 received a bill (No Amount Due).
  3. On 6-20-16 received a bill stating Amount Due \$701.75
  4. On 6-27-16 received a bill stating Amount Due \$817.40
  5. Peoples Gas claims that I was under billed and tells me to pay <sup>about</sup> amount
- Please clearly state what you want the Commission to do in this case:  
 That all of my payments made during the alleged under billed period be applied to this bill of \$817

**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: September 9, 2016  
(Month, day, year)

Complainant's Signature: Latrice Williams

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**

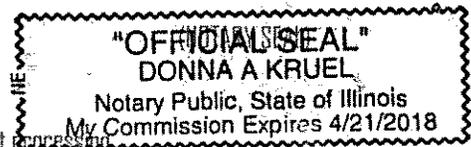
A notary public must witness the completion of this part of the form.

I, Latrice Williams, 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.

Latrice Williams  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 09.09.16

[Signature]  
Signature, Notary Public, Illinois



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

Billing Period	Payments Made
11/17/2015 to 5/17/2016	\$461.36
6/18/2015 to 4/18/2016	\$645.17
6/18/2015 to 6/16/2016	\$701.36

Year to Date Bills	Payments Made
6/18/2015 to 8/18/2016	\$881.11