ORIGINAL

FORMAL COMPLAINT

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

Illinois Commerce Commission
527 East Capitol Avenue
Springfield. Illinois 62794-9280

ORIGINAL

For Commission Use Only:

Case 02-0677

Regarding a complaint
By E. JEROME MALRY
(Person making the complaint)

against PEOPLES GAS LIGHT AND COKE COMPANY

as to LACK OF SERVICES

REQUEST FOR AUDIT AND INVESTIGATION
(Reason for complaint)

in CHICAGO, Illinois.

ILLINOIS COMMERCE COMMISSION
2002 SEP -9 P 2:08
CHIEF CLERK'S OFFICE

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD,ILLINOIS:

My mailing address is 4346 NORTH CLARENDON AVENUE, GARDEN SUITE, CHICAG O, IL 60613-1586

The service address that I am complaining about is 4220 SOUTH MICHIGAN

My home telephone number **is** 773 271-8312

Between 8:30 **am. and** 5:00 p.m. weekdays **I can be reached at** 773 935-4425

PEOPLES GAS LIGHT AND COKE COMPANY *(respondent)* **is a** public **utility and is** subject to the provisions **of**
(Full name of utility company)

the Illinois Public Utilities Act.

In the space below, list the specific section **of** the law, Commission rule(s), or utility tariffs which you **think are. involved with your complaint**

220 ILCS 5/8-101 DUTIES OF PUBLIC UTILITIES

220 ILCS 5/8-302 READING OF METERS

220 ILCS 5/8-401 DUTY OF PUBOIC UTILITY

220 ILCS 5/8-102 AUDIT/INVESTIGATION

Have you **contacted the Consumer** Affairs Division of **the** Illinois Commerce Commission about this **complaint?** X Yes ___No

Has your **complaint filed with that** office been **dosed?** ___ Yes ___No

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

1. ALTHOUGH PEOPLES GAS HAS ON RECORD MY CORRECT BILLING ADDRESS INFORMATION, THE VERY FIRST NOTICE I RECEIVED WAS A POSTED FINAL NOTICE OF DISCONNECTION THAT THE JANITOR REMOVED FROM THE BLDG. LACK OF SERVICE.

2. HAVE NEVER RECEIVED AN ACTUAL READING ON THIS ACCOUNT.

Please clarify state what you want the Commission to do in this case.

COMPLAINANT REQUESTS THAT THE COMMISSION 1) HEAR TESTIMONY AND RECEIVE DOCUMENTS THAT CONFIRM A LACK OF SERVICE.

Date: 7/27/02
(Month, day, and year)

Complainant's signature _____

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

You need to file the original and three copies of this form, with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents)

VERIFICATION

A notary public must watch you fill out this part of the form..

I E JEROME MALRY first being duly sworn. say that I have read the above petition and know what it says. The content of this petition are true to the best of my knowledge

_____
(Signature)

"OFFICIAL SEAL"
FEDERICO DE JESUS, JR.
Notary Public, State of Illinois
My Commission Exp. 08/18/2002

Subscribed and sworn/affirmed to before me this 27 day of July 2002

_____
Notary Public Illinois

NOTE;

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled you informal complaint.