COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

JAN 1 8 2022

RECEIVED

PUBLIC SERVICE COMMISSION

In the matter of: our Full Name) COMPLAINANT VS. GAS DEFENDANT COMPLAINT The complaint of respectfully shows: (Your Full Name) (a) CHOLASVILLE, KY. 40356 1 (IMBIA (b) (945 (Name of Utility) 43216 9 OLUM HUS (Address of Utility (Describe here, attaching additional sheets if necessary, That: (C) 30 PAJ BILLING SYCIE, THEY WERE GRANTED & CATE IN CACE the specific act, fully and clearly, or facts that are the reason A From 5.4 TO 7.23 (+ 34%) ON 11/29 AND THE and basis for the complaint.)

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Continued on Next Page

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Formal Complaint

Michael PAWLEY VS. COLUMBAT GAS OF KY

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F THE RATE WCLEDE. INSTERD OF PROMATING FOR THE CAND OF THE MOUTH THEY OPPLIED THE NOTE IN CLEASE FOR THE ENTILE 33 PAY POUDO, I'VE HAD OTHER BUSINESSES MA UTILITUS PROLATE MY BU POR THENES LIKE SOUND CHENGES IE INSULANCE, CHENE TV HAVE PHONE COMPANY Wherefore, complainant asks <u>GAS USPS POR MOV. '21 : 4.5 mcF</u> (33 PAY (Specifically state the relief desired.) 4.5mcF/330AY × 330AY × 7.2298/mcF= 32.53 HOW COLUMBIA GAS BILLOP! 4.5 m 5 3304 × 3/144 C 5,4029 /mcF = 22.84 For 3/04/5 IF PRURATE! OLYS C 7,2298/mcF = 1.97 FOR 20445 24,81 TOTAL ULEN CHARGE: 32.53-24,81 = 7.72 Dated at <u>MICHOLASVILLE</u>, Kentucky, this <u>14</u> day (Your City) of _____, 20 ____, 20 ____ Much (Name and address of attorney, if any)

*Complaints by corporations or associations, or any other organization having the right to file a complaint, must be signed by its attorney and show his post office address. No oral or unsigned complaints will be entertained or acted upon by the Commission.

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