COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the matter of: RECEIVED JUL 01 2022 (Your Full Name) ohson **PUBLIC SERVICE** COMPLAINANT COMMISSION VS. (Name of Utility) DEFENDANT COMPLAINT (Your Full Name) The complaint of mon_respectfully shows: (Your Full Name) (a) ADDA (Your Address) LC. L and (Name of Utility) (b) Address of Utility) (Describe here, attaching additional sheets if necessary, That: (C) fursted that the bill the ond Service the specific act, fully and clearly, or facts that are the reason and basis for the complaint.) Stull LGJE that I world m Continued on Next Page

Formal Complaint 625 and Wener atinson_ AUDOA VS.

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have access to the R m and Draph m anter 2009SS NIC 19 a estimated VPC \mathbf{D} 5 USEd 4 Services np 11 Kinse Wherefore, complainant asks had ne (Specifically state the relief desired.) thp t nut USP timate UP Nº nca ROCI FLUM CARRAY yas 50 him for XTS Ver Ner 75 ins and it LUSISVILA Kentucky, this Dated at day (Your City) of 20 (Month) (Your Signature*) (Name and address of attorney, if any) Date

*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.

Before the Public Service Commission



COMPLAINT

The complaint of (here insert full name of each complainant) respectfully shows:

(a) That (here state name, occupation and post office address of each complainant).

- (b) That (here insert full name, occupation and post office address of each defendant).
- (c) That (here insert fully and clearly the specific act or thing complained of, such facts as are necessary to give a full understanding of the situation, and the law, order, or rule, and the section or sections thereof, of which a violation is claimed).

WHEREFORE, complainant asks (here state specifically the relief desired).

Dated at ______, Kentucky, this ______day

of _____, 20 _____.

(Name of each complainant)

(Name and address of attorney, if any)