

COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the matter of:
EWING Lee BROWN) (Your Full Name) COMPLAINANT)
vs. Ku 2009-00421
(Name of Utility) DEFENDANT)
COMPLAINT
The complaint of FUING BROWN respectfully shows: (Your Full Name)
(a)(Your Full Name)
824 SWNSET A LEX, KY 40502 (Your Address)
(b) (Name of Utility)
(Address of Utility)
(c) That: ITAII STARTED WITH ME PAYING MY KUBILINFULL ON 914109 AND THEN 913109 I GET ANOTICE OF MY POWER
BEINGTOURN OFF RY GILLOG. AND THAT I AWA Thom 14L AR WITH LATE
the specific act, fully and clearly, or facts that are the reason fee Added IN. SO I eall them and they couldn't FIND a Reason SO Than they SAID I own it for this Mouth Bill and Kie Doesn't Read My Meter
1207/11 9/22/19 and basis for the complaint) I should pay a HEAD on My Palls THEN
MOTICES ON Budgit, so Then I File with PSC and I Toll them that They
T ALL MY DOUBL LAND HESAIN GAIN I LEGGINS ST THE LALL & SO FRAME
The Last Call & Continued on Next Page WAS CUT OFF AT DIROPM FRIDAY, NO NOTICE GIVEN AT 10:00 BY PSC
WAS CUT OFF AT DIGO PM FRIDAY, NO NOTICE GIVEN AT 10:00 BY PSC
over >

OR KU That They will cut OFF My POWER, That DAY. My LITTLE GIRl
CAME HOME a call Me The power was OFF so I went Down to KU AT.

WATERSTREET, Lex, Ky To Find out why AndaI walted For Reflower Before
WATERSTREET, Lex, Ky To Find out why AndaI walted For Reflower Before
MIKE Wickline Findly expandit to Me. My power was OFF with 650 pm.

Formal Complaint No Notice, They Rush out and Turn Me OFF. I would have to see heavy Fines and people Tob Lost For this Auction.

LIKE TO See heavy Fines and people Tob Lost For this Auction.

Page 2 of 2

EUING BROWN	KU
of 2	
•	
Wherefore, complainant asks	FINE Be pay Specifically state the relief desired.)
(5	Specifically state the relief desired.)
That Towalk ARREAD	To keep Me From having
	•
a HEART ATTACK , Came	BACK IN 15 MIN NO ANSWER,
LATER	NO ANSWER. They couldn'T FIN
The second second	The five of the first of the fi
Oct	
Dated at Lex, KV, K	entucky this 20 day
(Your City)	
2009	
of	K O
(MOHILI)	18/S1
<u>-</u>	z min
	(Your Signature)
_	(Name and address of attorney, if any)