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COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

PUBLIC SERVICE  
COMMISSION

In the matter of:

STEVE SKILES  
(Your Full Name) COMPLAINANT

VS.

Kentucky Power  
(Name of Utility) DEFENDANT

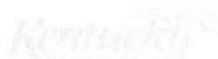
**COMPLAINT**

The complaint of STEVE SKILES respectfully shows:  
(Your Full Name)

(a) STEVE SKILES  
(Your Full Name)  
1796 EAST US Highway 60 Grayson, Ky 41143  
(Your Address)  
\_\_\_\_\_  
(Your Email Address)

(b) Kentucky Power  
(Name of Utility)  
P.O. Box 24401 CANTON, Ohio 44701  
(Address of Utility)

(c) That: I AM BEING OVERCHARGED FOR THE  
(Describe here, attaching additional sheets if necessary, the specific act, fully and clearly,  
ELECTRICITY FOR MY HOME. THIS IS BEING  
or facts that are the reason and basis for the complaint.)  
DONE BY KENTUCKY POWER THRU A  
TARIFF LABELED AS \*RESIDENTIAL  
ENERGY ASSISTANCE TARIFF



STEVE SKILES vs. KENTUCKY POWER

I HAVE SPOKEN WITH THEM SEVERAL TIMES BY PHONE AND IN PERSON ABOUT THIS. THEY HAVE REPEATEDLY BLAMED LINDA C BRIDWELL FOR THIS TARIFF. THIS IS NOT AN OPERATIONS COST, BUT MERELY A CHARGED DONATION TO A CHARITY OPERATED BY KENTUCKY POWER, UNITED WAY OF BLUEGRASS, AND NORTHEAST COMMUNITY ACTION AGENCY

Wherefore, complainant asks

(Specifically state the <sup>RELIEF</sup>relief desired.)

I REQUEST THAT I BE OPTED OUT OF THIS TARIFF AND IT BE REMOVED FROM MY BILL OR A MONTHLY CREDIT BE ISSUED AND CREDITED TO MY BILL IN THE AMOUNT OF THIS TARIFF FOR EVERY MONTH THAT IT APPEARS ON MY BILL FROM THIS DAY FORWARD

Dated at GRAYSON Kentucky, this 7<sup>th</sup> day of

NOVEMBER, 2024.  
(Month)

Steve Shiles  
(Your Signature\*)

\_\_\_\_\_  
(Name and Address of Attorney, if any)

11-7-24  
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.

