

FORMAL COMPLAINT FORM 2015 JUL 27 A 11:04
PUBLIC SERVICE COMMISSION
Heber M. Wells State Office Building
160 East 300 South, Fourth Floor
P.O. Box 45585
Salt Lake City, Utah 84114

RECEIVED

1. Name of Complainant: HENRY CHANDRIA
Address: 2799 McCLELLAND ST, SLC UT 84106
Telephone No.: (801) 520-8844

If represented by counsel, list:

Name: _____

Address: _____

Telephone No.: _____

2. The utility being complained against is: QUESTAR GAS

3. What did the utility do which you (the Complainant) think is illegal, unjust, or improper? Include exact dates, times, locations and persons involved, as closely as you can.

QUESTAR WOULD NOT TURN ON GAS UNDER MY NAME UNLESS I PAY THE BALANCE FROM ANOTHER PERSON IS PAID OFF, WHICH THEY ACCUSED ME OF HAVING BENEFITED WHEN I HAVE NOT.

4. Why do you (the Complainant) think these activities are illegal, unjust or improper?

CANT FORCE TO PAY A BILL UNDER SOME OTHER PERSON WHO IS RESPONSIBLE FOR THE ACCOUNT

5. What relief does the Complainant request? STOP CURRENT SCHEDULED SHUTDOWN of GAS ON JULY 27th. CREATE A NEW ACCOUNT WITH ZERO BALANCE

6. Signature of Complainant [Signature]

Date: 7/20/15