

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

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PUBLIC SERVICE COMMISSION
2017 FEB 13 A 11:42

1. Name of Complainant: [Redacted] Ratepayer
Address: [Redacted]
Telephone No.: [Redacted]

If represented by counsel, list:

Name: _____
Address: _____
Telephone No.: _____

2. The utility being complained against is: _____

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 terminated Gas service without providing a 48 hour notice. As required Questar is fined \$1000. 7 48 hour notice not required.

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

NO 48 hour notice posted on door.

5. What relief does the Complainant request?

want my deposit
and 100.00 purchase returned

6. Signature of Complainant [Signature]

Date: February 13 2017.