

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

1. Name of Complainant: DAVID BATAKSEH
Address: 1066 NORTH 2925 WEST
Telephone No.: 801-792-3509

If represented by counsel, list:

Name: _____
Address: _____
Telephone No.: _____

2. The utility being complained against is: Questar 605

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.

they back billed 8495.00 and it took some
7 months to get it you cant tell it took them
7 months to figure out there was a problem with
my


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

Because they could have just made up
the number now so I know they are right

5. What relief does the Complainant request?

Get my 8495.00 back they back billed

6. Signature of Complainant


Date: 03/10/17