

2015 JUN 18 P 2:41

**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: Kearston Adams 40 Lenora P. Pratt

Address: 235 S Navajo St.

Telephone No.: 801-815-2696

If represented by counsel, list:

Name: _____

Address: _____

Telephone No.: _____

2. The utility being complained against is: Legacy Sweetwater, Inc-standby

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.

LSW- Monthly standby Fee of \$25.00

starting Date 3/1/2015 → Current

Subdivision-Meadows Lot#4 Email: LSW/standby@gmail.com

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

I pay an HOA this should cover these cost. I do not use property and believe this Fee is unjust.

5. What relief does the Complainant request? — This Fee needs to be

eliminated — past HOA promises have not even been kept.

6. Signature of Complainant [Signature]

Date: 6/4/2015