

NC
Ohio
FILE

17-2541-GA-CSS
**Public Utilities
Commission**

3
DG1P051817XJ
Case Number

Public Utilities Commission of Ohio
Attn: Docketing
180 E. Broad St.
Columbus, OH 43215

Formal Complaint Form

Customer Name (Please Print)

Denise Gipson

Customer Address

2450 Teakwood Dr Apt #4

Columbus

OH 43229

City

State Zip

156091810080004

Account Number

Customer Service Address (if different from above)

City

State Zip

Utility Company Name

Columbia Gas

Please describe your complaint. (Attach additional sheets if necessary)

Enclosed in this complaint are copies of my PPV. I was to pay \$114⁰⁰ per month including in that \$114⁰⁰ monthly payment amount included a protected amount of \$32⁰⁰ to be for current gas charges & the remaining \$82⁰⁰ would be applied to the amount of \$173⁰⁰ that was still owed after I paid a \$175⁰⁰ deposit to start new service.

Signature

(414) 373-17521

Customer Telephone Number

The other letter enclosed is a copy that Columbia Gas mailed me, clearly stating I had paid a total of \$891¹⁶. I was being charged for 4 months of service of current charges. So I overpaid a total of \$160⁰⁰.

I hereby certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician NA Date processed DEC 22 2017

Payment Plan Verification Notice

Name: Denise Gipson
Service at: 2450 TEAKWOOD DR 4
COLUMBUS OH 43229

ONE NINTH EXTENDED PAYMENT PLAN AGREEMENT

Date of Agreement: February 08, 2017

Account Arrears

Current Amount Billed

Required Down Payment

Adjusted Account Balance (Agreement Amount)

Number of Installments

Installments include 1/9th Adjusted Account Balance

1/9th Projected Costs

Total Monthly Installment

\$0.00

- \$0.00

\$731.07

9

\$82.00

\$32.00

\$114.00

Balance owed after I paid the \$175⁰⁰ Required Deposit

Upon receipt of future bills, your Installment Amount will be shown as a line item on the bill and will become part of the total shown on the "Current Charges Due" line item on your bill.

At the end of the 9 month payment plan any balance resulting from a difference in projected costs will be reflected on the next month's bill.

Down payment amount (if any) must be received by February 15, 2017 or this payment plan will be canceled.

For any questions or inquiries, call 1-800-344-4077. Our hours of operation are Monday - Friday, 7:00 A.M. - 7:00 P.M. and Saturday, 8:00 A.M. - 12:00 P.M.

Columbia Gas of Ohio, Inc.

Recent payments, adjustments, and/or billings may or may not be reflected on this notice.

DENISE GIPSON

2450 TEAKWOOD DR 4

COLUMBUS, OH

MO YEAR	CONSUMPTION	AMOUNT BILLED	DUE DATE	PAYMENT AMT	PAYMENT DATE
07 2017	0	28.25	07-27-2017		
06 2017	1	30.21	06-27-2017	117.16-	07-03-2017
05 2017	7	31.90	05-26-2017	114.00-	06-02-2017
04 2017	14	34.40	04-27-2017	114.00-	05-04-2017
03 2017	18	36.24	03-28-2017	432.00-	04-03-2017 *
02 2017	1	27.34	02-27-2017	114.00-	03-06-2017

TOTALS	41	188.34
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****include balance from previous address of \$731.07 - total amount billed
(\$731.07 + \$188.34= \$919.41)****

Total
Amount
I paid
to
Columbia
Gas
while
on
PPV