

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

Dana Winters)
(Your name here))
Complainant,)
v.)
Spire)
(Utility's name here))
Respondent,)

File No.

(PSC fills this in)

FORMAL COMPLAINT

1. Complainant resides at:

[Redacted]
(Address of complainant)

[Redacted] (City) [Redacted] (State) [Redacted] (Zip Code)

2. The utility service complained of was received at:

a. Complainant's address listed in paragraph 1.

b. A different address:

[Redacted]
(Address where service is provided, if different from Complainant's address)

[Redacted] (City) [Redacted] (State) [Redacted] (Zip Code)

3. Respondent's address is:

Spire Gas [Redacted]
(Address of complainant)

[Redacted]
(City) (State) (Zip Code)

4. Respondent is a public utility under the jurisdiction of the Missouri Public Service Commission.

5. The amount at issue is: \$ [Redacted]
(If your complaint is about money state how much is in dispute here.)

6. Complainant now requests the following relief:

(Explain what you want the Commission to do: the specific results you are seeking in this complaint.)

Spire is not mailing the bill to [Redacted]
I've filed several complaints with the Post office
and the utility commission and I haven't gotten a
bill, it's been 4 months I haven't gotten a bill. I would
like for them to mail my bill to [Redacted]

7. The relief requested is appropriate because Respondent has violated a statute, tariff, or Commission regulation or order, as follows:

(Explain why the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission regulation or order.)

Subtract all late fees

8. The Complainant has taken the following steps to present this matter to the Respondent:

(Please describe in detail what steps you have already taken to resolve this complaint.)

I have called several times and Spire has not mailed my bills to [REDACTED]
The Post Office has not received the bills are not being mailed

Date 9 - 15 - 23

Signature of Complainant [Handwritten Signature]

Complainant's Phone Number [REDACTED]

Complainant's Printed Full Name [REDACTED]

Alternate Contact Number _____

Complainant's E-mail Address _____

Attach additional pages, as necessary. Attach copies of any supporting documentation. Do not send originals of any supporting documentation.