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FACSIMILE COVER SHEET

CHESTER COUNTY LIBRARY
100 Center Street
Chester, SC 29706

Phone #: (803) 377-8145
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2014 302 E

SEND TO	From
Public Service Commission of SC	Sheryl McNinch
Attention	Date 7-11-14
Fax # 803-896-5199	Phone # 803-896-5100

☒ Urgent ☐ Reply ASAP ☐ Please Comment ☐ Please Review ☐ FYI

Total pages, including cover sheet: 1

COMMENTS

Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210

Phone: 803-896-5100
Fax: 803-896-5199
www.psc.sc.gov

Individual Complaint Form

Date: 7-11-14

Complainant or Legal Representative Information: * Required Fields

Name * Sheryl McNinch

Firm (if applicable)

Mailing Address * 111 Church St

City, State Zip * Chester, SC 29706 Phone * 8

E-mail * mmcninch1@gmail.com

Name of Utility Involved in Complaint: * Duke Energy

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

Type of Complaint (check appropriate box below.) *

- [x] Billing Error/Adjustments
- [x] Disconnection of Service
- [ ] Service Issue
- [ ] Other (be specific)
- [ ] Deposits and Credit Establishment
- [ ] Payment Arrangements
- [ ] Meter Issue
- [ ] Wrong Rate
- [ ] Water Quality
- [ ] Refusal to Connect Service
- [ ] Line Extension Issue

Have you contacted the Office of Regulatory Staff (ORS)? * [x] Yes [ ] No **Name of ORS Contact:** TaKisha Anderson

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

I, Sheryl McNinch, am on disability. Lots of Physical issues. On April of 2013 I called Duke E. to transfer power to the residents I Live now. I do not remember giving them permission to place me on the EPP. My Husband pays each month over the phone with credit Card. It just gives the amount you use each month. He nor I knew were on EPP. He never looks at the Bill. Called this month: it was $. There is no contract signed or a verbal recorded proof supposed EPP contract. This is not our fault. They should only use written or Recorded agreements. I did not consent!!

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Do not tamanate power on July 14, 2014. I am very sick and can't live without Electricity. Lower the first payment of the "Deferred Payment Agreement". Extend payments from 6 months to 12 months.

**I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov). [x] Yes [ ] No

Sheryl McNinch
Complainant's Signature*

STATE OF SOUTH CAROLINA)
COUNTY OF Chester)
)

VERIFICATION

I, Sheryl McNinch (Complainant's Name *) verify that I have read my complaint filed on 7-11-14 (Date *) and know the contents thereof, and that said contents are true.

Sheryl McNinch
Complainant's Signature *

Internal Use Only