2014-379E

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

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

Individual Complaint Form

Print

Date: 9-12-2014

Complainant or Legal Representative Information: * Required Fields

Name * Christine Robinson

Firm (if applicable)

Mailing Address * 5267 Hwy 221 S

City, State Zip * Laurens, SC 29360 Phone * 864-450-7028

E-mail * Cristinerobinson426@gmail.com

Name of Utility Involved in Complaint: * ~~Electrical, Gas, Water, Telephone~~ Duke

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

Have you contacted the Office of Regulatory Staff (ORS)? * [x] Yes [ ] No

Name of ORS Contact: Frank R. Ellerbe, III (Lawyer) ~~Dawn M. Hipp~~ (Director)

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

This complaint is in reference to file No. 2014-2049-E from the office of Regulatory Staff. I attend the hearing in Columbia on 8-27-2014 and talked with Frank R. Ellerbe III and he then referred me to talk with Dawn M. Hipp the Director. Dawn sent me a letter with the above reference number and gave me some option on how to pay. These options are unacceptable I am not working with no income and also there is fraud activity

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

They recommend several option of payment. They make payment until 9/22/2014. There are government agency in place for me to pay this bill completing off and a complete investigation Need to be made on utility theft. My st

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

Christine Robinson
Complainant's Signature*

Police Report is including - CR - 9-15-2014

VERIFICATION

STATE OF SOUTH CAROLINA)
COUNTY OF Laurens)
)

I, Christine Robinson (Complainant's Name *) verify that I have read my complaint filed on 9-11-2014 (Date *) and know the contents thereof, and that said contents are true.

Christine Robinson
Complainant's Signature *

Internal Use Only

Processed By	Date
H.E.	

Need assistent in paying this bill by 9/22/2014 → $499.09 − 150.00 = $349.09