

OFFICE OF EXTERNAL RELATIONS
MARYLAND PUBLIC SERVICE COMMISSION
WILLIAM DONALD SCHAEFER TOWER
6 ST. PAUL STREET
BALTIMORE, MD 21202-6806
TELEPHONE: 410-767-8028 OR 1-800-492-0474
FAX: 410-333-6844
INTERNET: <http://www.psc.state.md.us/psc/>

INQUIRY/DISPUTE FORM

Everyone must complete this section:

Have you contacted the company regarding your inquiry/dispute? YES NO Date: _____

Have you received a response from the company? YES NO Date Received: _____

(If you received a written response, please provide a copy with this form.)

If you have not contacted the company, you must do so prior to filing a complaint with the Commission. If you contacted the company, you must wait for the company to have time to investigate the matter and respond to your complaint before pursuing the matter with the Commission. If after a reasonable period (2-6 weeks) you have not received a response from the company, you may file your complaint with the Commission. You may also file your complaint if you are dissatisfied with the company's response.

TO BE COMPLETED BY EVERYONE [Please print and fill out neatly and completely]

Name as it appears on bill: _____

Address as it appears on bill: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different from service address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers (please include area code): (home) ____-____-____ (work) ____-____-____

(pager) ____-____-____ (Fax) ____-____-____ ("Can be reached") ____-____-____

Account Number or Order Number: _____

Complaint concerns: (Check all that applies)

- Gas Company Electric Company Gas Supplier Electric Supplier
 Local Telephone Co. Long Distance Co. Water Co.

PLEASE NOTE: The Maryland PSC does not regulate the following companies: wireless, paging, oil, propane, Washington Suburban Sanitary Commission, and cable television providers. If your dispute concerns a wireless or paging co. you should file your dispute with the Federal Communications Commission at 1-888-225-5322 or you can contact the Attorney General's Office, Consumer Protection Division at 1-888-743-0023. If your dispute concerns cable television service please check the back of your cable bill for the local franchise office in your area. You should file your complaint with the franchise office listed on the bill or call the company and obtain that information. If your dispute concerned oil or propane companies, call the AGO at 888-743-0023. Finally, if your dispute concerned WSSC, you should file the dispute with the Manager of Customer Service for WSSC.

Name of Company(ies) Against Whom You Are Complaining: _____

If you are not the customer of record, please complete this section.

Name: _____ Relationship to the customer: _____

Address: _____

Daytime Phone No.: _____ Explain why customer cannot complete form: _____

Note: you must have the customer's permission to file a complaint on their behalf. The PSC Investigator has the right to refuse to respond to a complaint if it cannot be verified that the customer of record gave you permission to file the dispute or his/her behalf.

PLEASE COMPLETE IF YOUR COMPLAINT CONCERNS A TERMINATION NOTICE:

Is your service currently on? YES NO

If your service is off, when was it turned off? _____

How much money is the utility requiring to restore service? _____

If your service is on, do you have a turn-off notice? YES NO Notice Amount? _____

If you are requesting an extension on a turn-off notice, and/or Alternative Payment Arrangements, you MUST indicate how much you are able to pay as a downpayment, and list the amount and date(s) when you can make additional payments to reduce the past due amount. Any amount you list must be paid, in addition to your current bill.

My total past due bill is: \$ _____

My downpayment is \$ _____ to be paid by _____

I would like to pay the remaining bill as follows:

\$ _____ to be paid by _____

Do you agree to participate in Budget Billing? YES NO

Have you paid a security deposit? YES NO Indicate Amount paid \$ _____

Is anyone in your household seriously ill or on life-support? YES NO

Name: _____ Description of illness: _____

(Please have your doctor submit a letter on your behalf.)

If applicable, how many children are in the household? _____ Ages: _____

Have you applied for the Maryland Energy Assistance Program? YES NO

If yes, specify amount of grant expected/received: \$ _____

Have you applied for the Electric Universal Service Program? YES NO

If yes, amount of grant expected/received \$ _____. Are you now or have you ever participated in the Utility Service Protection Program (USPP)? ?

YES

NO

