

# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## Formal Complaint to Proposed Rate Increase

*Filing this form will make you a party to a legal proceeding or case.  
If you do not wish to be a party to the case, consider filing a Comment to Proposed Rate Increase.*

**To complete this form, please type or print legibly in ink.**

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APR 14 2025 AM 10:50

### 1. Customer (Complainant) Information (required)

Provide your name, mailing address, county, telephone number(s), e-mail address and utility account number. It is your responsibility to update the Commission with any changes to your address and to where you want documents mailed to you. Failure to provide this information may cause your complaint to be considered as deficient.

Name LINDA ALLISON

Street/P.O. Box 522 PACIFIC AVE Apt # \_\_\_\_\_

City YORK State PA Zip 17404

County YORK

Telephone Number(s) Where We Can Contact You During the Day (required):

(717) 852-0474 (home) ( ) (mobile)

E-mail Address (required): YDIVER@VERIZON.NET

Utility Account Number (from your bill): 16024221 001 000 0

If your complaint involves utility service provided to a different address or in a different name than your mailing address, please list this information below.

Name N/A

Street/P.O. Box N/A

City N/A State \_\_\_\_\_ Zip \_\_\_\_\_

### 2. Name of Utility

Provide the full name of the utility who filed the proposed rate increase about which you are complaining. The name of your utility is on your bill.

COLUMBIA GAS OF PENNSYLVANIA

### 3. PUC Case Docket Number

Provide the Public Utility Commission case docket number (if known). It begins with the letter "R" and contains the year of filing and a 7-digit code, such as R-2014-1234567.

R-2025-3053499-jbs  
4/14/25

4. Type of Utility Service

Check the box listing the type of utility service that is the subject of your complaint (check only one):

- |   |   |
|---|---|
| <input type="checkbox"/> ELECTRIC       | <input type="checkbox"/> STORM WATER  |
| <input checked="" type="checkbox"/> GAS | <input type="checkbox"/> WASTEWATER/SEWER                                     |
| <input type="checkbox"/> WATER          | <input type="checkbox"/> TELEPHONE/TELECOMMUNICATIONS (local, long distance)  |
| <input type="checkbox"/> STEAM HEAT     | <input type="checkbox"/> MOTOR CARRIER (e.g. taxi, moving company, limousine) |

5. Reason for Complaint

Explain why you oppose the company's proposed rate increase. Use additional paper if you need more space.

COLUMBIA GAS APPLIED FOR RATE INCREASE FOR DISTRIBUTION TO TAKE EFFECT MAY 1ST 2025. NOW THEY WANT A RATE INCREASE FOR NATURAL GAS, IF BOTH ARE APPROVED MY GAS BILL WILL INCREASE OVER 21% EFFECTIVE OCT. 1ST 2025. HOW DO YOU EXPECT PERSON LIVING ON A FIXED INCOME TO PAY ADDITIONAL CHARGES. WHAT ARE ALL THESE ADDITIONAL CHARGES FOR?

6. Requested Relief

How do you want your complaint to be resolved? Use additional paper if you need more space.

DECLINE INCREASES.

7. **Legal Representation**

If you are filing a Formal Complaint to Proposed Rate Increase as an individual on your own behalf, you are not required to have a lawyer. You may represent yourself at the hearing.

If you are represented by a lawyer **in this matter**, provide your lawyer's name, address, telephone number, and e-mail address, (all required contact information). Please make sure your lawyer is aware of your complaint. If represented by a lawyer, both you and your lawyer must be present at your hearing.

Lawyer's Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code/Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Note: Corporations, associations, partnerships, limited liability companies and political subdivisions are required to have a lawyer represent them at a hearing and to file any motions, answers, briefs or other legal pleadings.

8. **Verification and Signature**

You must sign your complaint. Individuals filing a Formal Complaint to Proposed Rate Increase must print or type their name on the line provided in the verification paragraph below and must sign and date this form in ink. If you do not sign the Formal Complaint to Proposed Rate Increase, the PUC will not accept it. By filing this Formal Complaint to Proposed Rate Increase, you will be a party to the case. If you efile your formal rate complaint, an electronic signature is acceptable.

Verification:

I, LINDA ALLISON, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Linda Allison (Signature of Complainant) \_\_\_\_\_ 4/10/25 (Date)

\_\_\_\_\_  
Title of authorized employee or officer (only applicable to corporations, associations, partnerships, limited liability companies or political subdivisions)

Note: If the Complainant is a corporation, association, partnership, limited liability company or political subdivision, the verification must be signed by an authorized officer or authorized employee. If the Formal Complaint to Proposed Rate Increase is not signed by one of these individuals, the PUC will not accept it.

**9. How to File and Receive Service**

You should electronically file your Formal Complaint to the Proposed Rate Increase with the Secretary. To do so, establish an account free of charge on the PUC's eFiling system, which may be accessed at <http://www.puc.pa.gov/efiling/default.aspx>.

If you do not electronically file your Formal Complaint to Proposed Rate Increase, mail the completed form (along with any attachments) to the address listed below:

By overnight delivery, certified, priority mail – retain tracking information as proof of submission.

Secretary Pennsylvania Public Utility Commission 400 North Street 2 <sup>nd</sup> Floor Harrisburg, Pennsylvania 17120
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Note: Formal Rate Complaints sent by fax or e-mail will not be accepted.

**Methods of Service by the Commission**

You have three options on how you would like to receive all communication from the Commission about your Complaint. By selecting one of the following three options, you are agreeing to receive all hearing notices, orders, and related documents about your Complaint in the manner selected.

**Select one of the following options for receiving all communications from the Commission:**

- a. **eFiling:** You agree to open and use an eFiling account – free of charge through the Commission's website. By selecting this method you will be eServed. (This is the best way to receive, file, and submit documents). If you have an existing eFiling account, you will automatically receive eService.

Initial here if you are selecting eFiling: \_\_\_\_\_  
(And create an eFiling account at <http://www.puc.pa.gov/efiling/default.aspx>.)

- b. **Email:** You agree to receive all documents by email (using the email you provided on page 1). Please note that you will only be able to receive documents from the Commission by email and will not be able to file documents by Email or Fax. To submit documents to the Commission you must create an eFiling account accessed at <http://www.puc.pa.gov/efiling/default.aspx> or mail your submissions.

Initial here if you are selecting Email service: *La*

- c. **First Class Mail:** You agree to be served only by First Class Mail (at the address on page 1 of this form).

Initial here if you are selecting First Class Mail service: \_\_\_\_\_

**\*If you do not select one of the three options above and you do not have an eFiling account, the Commission will serve all documents to you by First Class Mail at the address listed on page 1 of this form.**

**If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.**

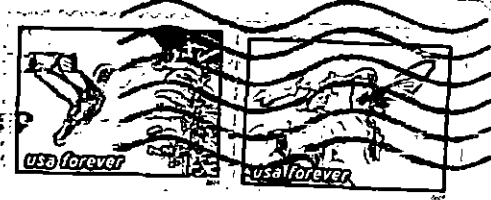
**Keep a copy of your Formal Complaint to Proposed Rate Increase for your records.**



Linda Allison  
522 Pacific Ave.  
York, PA 17404

HARRISBURG PA

10 APR 2025 PM



SECRETARY  
PA. PUBLIC UTILITY COMMISSION  
400 NORTH STREET 2ND FLOOR  
HARRISBURG, PA 17120

17120-007999

