

MARYLAND PUBLIC SERVICE COMMISSION  
CONSUMER AFFAIRS DIVISION  
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 receive 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: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
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 \_\_\_\_\_

\$ \_\_\_\_\_ to be paid by \_\_\_\_\_

\$ \_\_\_\_\_ to be paid by \_\_\_\_\_

\$ \_\_\_\_\_ 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

