PENNSYLVANIA OFFICE OF
CONSUMER ADVOCATE

Utility Complaint Form

Name: _____

Address (Street): _____

City: _____State: _____ Zip code: _____

Please Circle the Type of Property: Residential Business

Utility Company Name: _____

Account Number: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

Email: _____

Best way to contact you? ____ Primary phone _____ Secondary phone ____ Email

Case Reason:

- Service Issue (Includes both disruptions (outages) and quality or service)
- Billing Issue
- Other

When did your issues first begin? _____

Please include a brief description of the issues you are having (use the reverse of this page if needed):

_____

_____

_____

_____

_____

_____

_____

_____

Return to the Office of Rep. Tina Pickett: 320 Main St., Towanda, PA 18848
106 W. Packer Ave., Sayre, PA 18840