



JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC UTILITIES COMMISSION

HAYLEY WILLIAMSON
Chair

TAMMY CORDOVA
Commissioner

RANDY J. BROWN
Commissioner

STEPHANIE MULLEN
Executive Director

WRITTEN COMPLAINT

Date: _____

Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ ext: _____ Cell: _____

Account Number: _____

Company/Utility Name: _____

Type of Service (*i.e. gas, electric*): _____

Description of your Complaint (*Please include copies of all supporting documents including bills, letters, photos or other material*):

Desired Outcome (*What do you want done?*):

Signature

Date

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