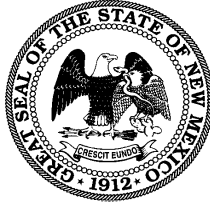


NEW MEXICO PUBLIC REGULATION COMMISSION

CONSUMER RELATIONS DIVISION
Utility & Transportation Complaint Bureau
Phone: (505) 827-4592
Fax: (505)-827-4463



P.O. Box 1269
1120 Paseo De Peralta
Santa Fe, NM 87504-1269

CONSUMER RELATIONS INFORMAL UTILITY COMPLAINT FORM

* Please note that in the event that your complaint is not resolved informally, the documentation and information submitted informally may be used in a formal complaint.

Please fill out completely:

Name as it appears on bill: _____

Address as it appears on bill: _____

Mailing address, if different from service address: _____

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

(Fax) _____ - _____ - _____

Email address: _____

Account Number or Order Number: _____

Company You Are Complaining Against: _____

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:

you must have the customer's permission to file a complaint on their behalf.

Is your service currently on? YES NO

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

How much money does the utility require to restore service? _____

If your service is on, do you have a turn-off (disconnection) notice? YES NO

If you are requesting an extension on a turn-off notice, **when** can you make the payment _____

And **how much** can you pay _____?

Please describe your complaint and detail that statutes and rules that you believe the utility has violated

(use additional sheets, if necessary): _____

Please attach any relevant documentation (i.e. a copy of the bill(s) in dispute, canceled checks, receipts, etc.), which will support your position.

CONSENT TO RELEASE INFORMATION

The information I have provided the Consumer Relations Division is true and accurate to the best of my knowledge and belief.

SIGNATURE _____ DATE _____