STATE OF ILLINOIS

ILLINOIS COMMERCE COMMISSION

MENARD ELECTRIC COOPERATIVE,	)	
	)	
Complainant,	)	
	)	
vs.	)	No. 01-0443
	)	
AMERENCIPS d/b/a CENTRAL ILLINOIS PUBLIC SERVICE COMPANY,	)	
	)	
	)	
Respondent.	)	

ICC DOCKET NO. 01-0443

MENARD EXHIBIT NO. _____

WITNESS: _____

DATE: _____

REPORTER: _____

MENARD ELECTRIC COOPERATIVE

Service Disconnect Order

No. 46632

AREA VU

Date 2-16 19 99

S. L.- Yes ____ No ✓

FINAL

Acct # 46-033 M1-01

Date to be completed 2-16 19 99

Name Pat Lathom

Order given by Martin

St. Address or R. R. and Box No. Same

Office ____ Phone ____ Letter ✓

City ____ State ____ Zip ____

Order taken by KV

Use meter Reading

Meter Information

Meter Reads 2 5 5 5

Multiple X1 ____ X10 ____ X20 ____ X40 X

Other ____

Meter # 31073661

Prev.	Pres.	KWHR	KWHR	Amt.	Code

S. L.

Office Use

Date of Final Feb 99

Meter Deposit Applied Yes ____ No ____

Completed By KV Date 2-23-99

MEC 468-1

Remarks

How disc. Trans ____ Meter ____

Breakers ____ Other ____

Date completed ____ 19 ____ By ____

53541

217-476-3400

Service Connect Order

MENARD ELECTRIC COOPERATIVE

No. 53541

Area VU 47389

Date 2-16 19 99

S.L. Yes (No)	County	District	Substation	Line Section	MEC Trans #
		1-2			5152

Acct. No. 46-033-001-02

Date to be completed 2-16 19 99

Name Martin P Lathom

Order given by Martin

Street Address or R. R. and Box No. 251 E Cass Colin Rd

Office ____ Phone ____ Letter ✓

Order taken by KV

City P Plains State Il Zip 60077

Previous Member Pat Lathom

New Service Yes ____ No ____ W. O. No. ____

Use Meter Reading

Meter Information

Meter Reads 2 5 5 5

Multiple X1 ____ X10 ____ X20 ____ X40 X

Other ____

Meter No. 31073661

Membership Pd. Date ____ 19 ____

Cert. No. 14631 Permit Yes ✓ No ____

Rate Schedule: A ____ A-S ____ B ____

L.P. ____ I ____ S.L. ____

Min. Amt. 43.50 Est. Amt. ____

Based on Trans. ☐ Contract ☐

Consumers on trans 1 2 3 4 ☐

-OFFICE USE-

Billing Date ____

Status ____ ConaCode ____ Date ____

Reading Correct Y ____ N ____

News Y ____ N ____ Reconnect Fee Y ____ N ____

Completed ____ By ____

Remarks Permit Issued

Date Completed ____ 19 ____ By ____

MEC368-3