

ORIGINAL

COMMERCIAL DIVISION

2006 AUG -4 A 10:50 AM

CONSUMER SERVICES DIVISION

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:
Case: 06-0543

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

Regarding a complaint by (Person making the complaint): Alexander D. Martirano

Against (Utility name): Ameria IP

As to (Reason for complaint) Billing Disputes (see Attached)

in Urbana Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 1007 Kinch Urbana IL, 61802

The service address that I am complaining about is 1007 Kinch Urbana IL, 61802

My home telephone is (217) 493 5074

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (217) 493 5074

(Full name of utility company) Illionois Power B34 Ameria IP (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

Illinois Code part 200



Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint? Yes No

Has your complaint filed with that office been closed? Yes No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

See Attached

Please clearly state what you want the Commission to do in this case:

See Attached

Date: 08/02/06
(Month, day, year)

Complainant's Signature [Signature]

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

I, Alex Martirano, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) [Signature]

Subscribed and sworn/affirmed to before me on (month, day, year) 8-02-06

[Signature]
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.