

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

For Commission Use Only:
Case: 06-0784

ORIGINAL

Regarding a complaint by (Person making the complaint): DEHEVES Tavern (Rob McWhinnie)
Against (Utility name): Ameren Electric
As to (Reason for complaint) Deposit Request

in Auburn Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 209 SPFID ST, Auburn, IL, 62615

The service address that I am complaining about is 209 SPFID ST, Auburn, IL, 62615

My home telephone is [217] 438-6344

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [217] 438-6344

(Full name of utility company) AMERN CIPS Electric Company (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.

280.70

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

CHIEF CLERK'S OFFICE
2006 DEC 11 A 9:23
ILLINOIS COMMERCE COMMISSION

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.

My grandparents had this as a Residents until 1951, at that time they made it a business. In 1976 my grandfather passed away and the power was put in my grandmother name. It remained there until Oct of 2006. I feel it is outrageous to ASK for a deposit to change a name on a account that has been here for over 80 yrs and you are doing nothing more then changing a name, when did you start to recognize this as a business?

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

Date: 12/7/06
(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

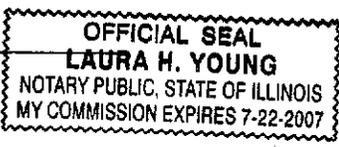
A notary public must witness the completion of this part of the form.

I, ROBERT McWhinnie, 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) December 7, 2006

[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.