

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION FORMAL COMPLAINT**

For Commission Use Only:  
Case: 09-0401

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

**ORIGINAL**

Regarding a complaint by (Person making the complaint): DARLENE E. WIKOFF

Against (Utility name): AMEREN IP

As to (Reason for complaint) AMEREN IP AVERAGE MY BILL FOR 3 MONTHS LAST WINTER. I HAD NO JOB THEN SO I CUT MY HEAT TO 60°. DIDN'T USE MY DRYER AT ALL. TURNED DOWN HOT WATER HEATER, PUT PLASTIC ON MY WINDOWS, CUT DOWN ON USEAGE OF STOVE AND OVEN.

THIS BILL IS TOO HIGH. THIS IS THE MISTAKE ON THIER PART BECAUSE THEY HAD A MODULOR GO OUT. THIER MAINTENGE DEPT. IS AT FAUCT NOT ME, in ~~WELDON~~ DECATUR Illinois.

**TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:**

My mailing address is PO BOX 383 WELDON, IL. 61882

The service address that I am complaining about is AMEREN IP - GAS

My home telephone is [217] 736-4147

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [217] 736-4147 OR (217) 620-2392

My e-mail address is \_\_\_\_\_ I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) AMEREN 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.  
I AM NOT SURE ABOUT THIS.

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  
2009 SEP - 1 A 10:28  
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.

1. AMERENIP AVERAGED MY GAS BILL FOR THREE MONTHS. I THINK IT IS TOO HIGH.

2. MONTHS AND AVERAGES

DEC 28-'08 TO JAN 14-'09 = \$67.20

JAN 14-'09 TO FEB 12-'09 = \$167.46

FEB 12-'09 TO ~~FEB~~ FEB. 26-'09 = \$121.67

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

I WOULD LIKE THIS BILL TO BE CUT IN HALF. I KNOW I USED GAS BUT I CUT BACK DRASTICALLY BECAUSE I HAD NO JOB LAST WINTER.

**NOTICE:** If personal information (such as a social security number or a bank account number) is contained in this complaint form or provided later in this proceeding, you should submit both a public copy and a confidential copy of the document. Any personal information contained in the public copy should be obscured or removed from the document prior to its submission to the Chief Clerk's office. Any personal information contained in the confidential copy should remain legible. If personal information is provided in your public copy, be advised that it will be available on the internet through the Commission's e-Docket website. The confidential copy of any filing you make, however, will only be available to Commission employees. If you file both a public and confidential version of a document, clearly mark them as such.

Today's Date: 08-25-09  
(Month, day, year)

Complainant's Signature: \_\_\_\_\_

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

When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filing the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents).

**VERIFICATION**

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

I, DARLENE WIKOFF, Complainant, 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.

\_\_\_\_\_  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 26th day of August 2009

Loretta Kay Van Ness  
Signature, Notary Public, Illinois



(NOTARY SEAL)

**NOTE:** Failure to answer all of the questions on this form may result in this form being considered a null and void filing.