

For Commission Use Only:
Case: 09-0439

OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

ORIGINAL

Regarding a complaint by (Person making the complaint): KRESS SANDERS

Against (Utility name): AMEREN IP

As to (Reason for complaint) FAILURE TO ~~PRO~~ CORRECT AND PREPARE
CREDIT MY BILL IN THE AMOUNT OF \$1503.56
AS DISCHARGED BY BANKRUPTCY; FAILURE TO
FOLLOW COMMISSION RULES REGARDING BILLING
FAILURE TO CREDIT BILL IN AMOUNT OF \$165.88
in DANVILLE Illinois. TOTAL - 1669.44

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 1021 N. WALNUT

The service address that I am complaining about is 1021 N. WALNUT DANVILLE IL

My home telephone is 217.213.7967

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at 217.213.7967

My e-mail address is KCANHEAD@AOL 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.
220 ILCS VIII

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 OCT 11 A 11:21
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.

I HAVE BEEN BILLED ON A MISTAKE OF \$1669.44 - \$1503.56 WAS DISCHARGED BY BANKRUPTCY; \$165.88 WAS PAID AND NOT CREDITED TO ME

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

CORRECT BILLING AND APPLY CREDIT

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: 9/29/09
(Month, day, year)

Complainant's Signature: [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

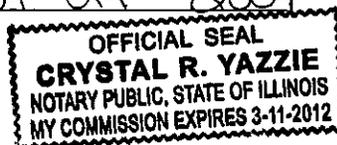
A notary public must witness the completion of this part of the form.

I, KRISTIE SANDERS, 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.

[Signature]
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) Sept 29th 2009

Crystal R. Yazzie
Signature, Notary Public, Illinois



(NOTARY SEAL)

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing.