

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION
COMMISSION

For Commission Use Only:
Case: 12-0028

FORMAL COMPLAINT

2012 JAN 12 1A 9:03

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

ORIGINAL

CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint):

Mike Tinkham & Amanda

Against (Utility name):

Ameren

As to (Reason for complaint)

AFTER A LIGHTNING STRIKE WE HAD OUR POWER BILL GOT VERY HIGH. WE REQUESTED THAT OUR METER BE CHECKED, THE AMEREN INSTALLER A GUY AND SAID IT WAS OK THIS WENT ON FOR SEVERAL MONTHS. FINALLY THEY ASKED THE METER WAS BAD AND THEN OUR BILL WENT DOWN.

WHEN WE ASK ABOUT THE MONTHS OF FALSE HIGH BILLS WE SAID THEY CHANGED US MORE IN KIRKWOOD ILLINOIS SAYING THAT IT WAS READING TOO LOW.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City)

114 US Hwy 34 Kirkwood IL 61447

The service address that I am complaining about is

114 US Hwy 34 Kirkwood IL 61447

My home telephone is

(309) 768 2567

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

(309) 768 2567

My e-mail address is tinkham@frontier.com

I will accept documents by electronic means (e-mail) Yes No

(Full name of utility company) Ameren Electric
to the provisions of the Illinois Public Utilities Act.

(respondent) is a public utility and is subject

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.

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.

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

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 (Social Security Number, Driver's License Number, Medical Records, etc.) 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: 01/03/2012
(Month, day, year)

Complainant's Signature: *Amanda L. Laska*

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, *Amanda L. Laska*, 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) 01-10-2012.

Agatha S. Johnson
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.