

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

For Commission Use Only:

ILL. Case: 13-0380
COMMISSION

FORMAL COMPLAINT

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

2013 JUN -3 P 3:17

CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint):

ROGER C. MILLER

Against (Utility name):

AMEREN - ILLINOIS

As to (Reason for complaint):

COMMERCIAL RATE - VS - RESIDENTIAL RATE

DEPOSIT REQUIRED - VS - NO DEPOSIT REQUIRED

COMMERCIAL ACCOUNT HISTORY NOT RECOGNIZED

DEPOSIT 30% OF ANNUAL BILL - VS - 142% OF ANNUAL BILL

in SHELBYVILLE Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City)

908 W. N. 14th ST. SHELBYVILLE, IL 62565

The service address that I am complaining about is

1001 W. S. 7th ST. SHELBYVILLE, IL 62565

My home telephone is

[217] 774-4198

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

[217] 774-4198 (CELL 217-259-1251)

My e-mail address is

N/A

I will accept documents by electronic means (e-mail) Yes

No

(Full name of utility company)

AMEREN - ILLINOIS

(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.

BEING STUDIED FOR SPECIFIC SECTION

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.

I FEEL NO DEPOSIT REQUIRED,

SHOULD BE RESIDENTIAL ACCOUNT - NOT A COMMERCIAL ACCOUNT

JULY 2012 - JUNE 2013 LESS THAN \$300.00 ANNUAL BILL

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

GRANT RESIDENTIAL RATE

REPAIR ACCOUNT FROM LATE CHARGES
WAIVE DEPOSIT ON ACCOUNT

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: 1/5/13
(Month, day, year)

Complainant's Signature: Roger C. Miller

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, Roger C. Miller, 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.

Roger C. Miller
Complainant's Signature



Subscribed and sworn/affirmed to before me on (month, day, year) 1/5/13

Michele Sadoris
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.