

For Commission Use Only:  
Case: 15-0372

**OFFICIAL FILE FORMAL COMPLAINT**  
**ILLINOIS COMMERCE COMMISSION**  
Illinois Commerce Commission  
527 E. Capital Avenue  
Springfield, Illinois 62701

**ORIGINAL**

Regarding a complaint by (Person making the complaint): DAN WEAVER

Against (Utility name): AMEREN (GAS DIVISION)

As to (Reason for complaint) METER LEAKING GAS-

in Belleville Illinois.

CHIEF CLERK'S OFFICE  
2015 MAY 28 A 11:22  
ILLINOIS COMMERCE COMMISSION  
*[Signature]*

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

My complete mailing address is (include City) 5 Judith Dr. Belleville IL 62223

The service address that I am complaining about is 3A LAKEWOOD Dr. Belleville IL 62223

My home telephone is [314] 707-8161

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [314] 707-8161

My e-mail address is dancindan2009@notmail.com I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) AMEREN IL (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.

FAULTY EQUIPMENT BAD WORKMANSHIP

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.

gas was leaking @ the meter I called American Technician came found a washer missing from Meter connection causing leak I am @ work working on the unit I asked if the tech would help me locate some leak possibility in the house  
Please clearly state what you want the Commission to do in this case: I would like a credit of \$75.00 for an excessive bill

**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: 5-22-15  
(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.

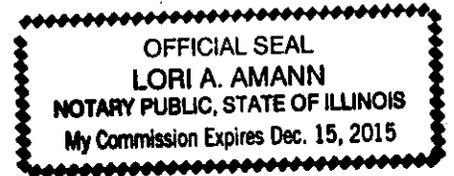
When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filing the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents).

**VERIFICATION**

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

I, [Signature], 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) May 26, 2015

[Signature]  
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.

## STATEMENTS Requested

- (1) Leaking @ The Meter
- (2) Credit for LEAK usage
- (3) There are No Pending Proceedings
4. Complaint # 2015-04402
5. NAME Address Telephone EMAIL of the Person requesting Mediation

DAN WEAVER 5 Judith Dr. Belleville IL  
62223

Phone 314-707-8161

EMAIL dancindan2009@hotmail.com

6. I would like a \$7500 credit on leak usage charged to me by Arcor  
Plus \$12500 travel charge for mediation

7. I request mediation under Part 201

Dan 05-22-15