

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

FORMAL COMPLAINT

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

16-0329
For Commission Use Only:

RECEIVED

MAY 20 2016

ILLINOIS COMMERCE COMMISSION
CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): ARNOLD FOURNIE

Against (Utility name): AMERICAN WATER

As to (Reason for complaint) WATER BILL TOO HIGH \$549.68

REGARDING A SITUATION THAT WAS
NOT INTENTIONAL

in BELLEVILLE Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 209 N. 7th ST

The service address that I am complaining about is 209 N. 7th ST

My home telephone is [618] 234-5498

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

My e-mail address is gfournie45@yahoo.com I will accept documents by electronic means (e-mail) Yes No

(Full name of utility company) AMERICAN WATER (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.

NOT FOR SURE

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.

THE WATER BILL IS ~~AMOUNT~~ ABOUT \$540.00 DOLLARS, WHEN AN EMPLOYEE SAW WATER COMING OUT OF FRONT DOOR DID THEY SHUT WATER OFF OR LET IT CONTINUE TO RUN.

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

CHECK OUT AMERICAN WATER POLICY

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: 05-18-16
(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

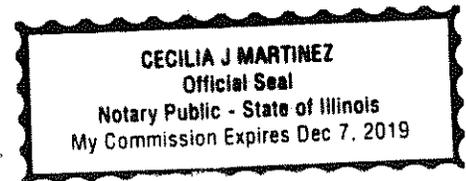
A notary public must witness the completion of this part of the form.

I, ARNOLD A. FOURNIE, 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) 05/18/2016.

[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.