

FORMAL COMPLAINT FORM

Missouri Public Service Commission

Attach extra pages as necessary.

## BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

_Vas Construction LLC_	<b>,</b>	)	
(Your name here)	Complainant,		
	٧.	) File No.	
Ameren UE		) (PSC fills this in)	
(Utility's name here)	Respondent,	<b>)</b>	
	COMPLA	AINT	
1. Compla  PO BOX (Address of complainant)  SAINT LOUIS, MO 63			
(City)	(State)	(Zip Code)	
2. The util	ity service complained of was	received at:	
a. C	omplainant's address listed ir	ı paragraph 1.	
b. A	different address:		
	provided, if different from Complainant's add	<del>lress)</del>	
SAINT LOUIS, MO,	63112		÷
(City)	(State)	(Zip Code)	<del></del>

3. Respondent's address is:

## Ameren UE, PO Box 88068

(Address of complainant)

regulation or order.)

(City)		(State)	(Zip Code)
4	. Respondent is a public	utility under the jur	isdiction of the Missouri Public
ervice	Commission.		
5	i. The amount at issue is	S: \$ 886 (If your complaint is about	It money state how much is in dispute here.)
6	. Complainant now requ	uests the followingr	elief:
Explain wh	at you want the Commission to do: t	the specific results you are se	eking in this complaint.)
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Ameren fails to abide by the terms of the Corporate Guaranty and instead, claims it is expired yet no expiration date was ever provided.

(Explain why the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission

statute, tariff, or Commission regulation or order, as follows:

	·				
8. The Complainant	has taken the following steps to present this matter to				
the Respondent:					
(Please describe in detail what steps you	Please describe in detail what steps you have already taken to resolve this complaint.)				
guaranty, they maintain it otherwise avoided working	ent to Ameren UE and although they acknowledge the is expired despite no such expiration date. They have g with us and the deposit on the account is still showing egular monthly payments on the account and no amounts				
06 / 08 / 2019	Shut				
Date	Signature of Complainant				
314-203-9351 Complainant's Phone Number	SHIJING CAO Complainant's Printed Full Name				
	accounting@revivalstl.com				
Alternate Contact Number	Complainant's E-mail Address				
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Attach additional pages, as necessary. Attach **copies** of any supporting documentation. Do **not** send **originals** of any supporting documentation.