

FILED³

JUL 19 2019

Missouri Public
Service Commission

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

Vas Construction LLC _____,
(Your name here)

Complainant,

v.

Ameren UE

(Utility's name here)

Respondent,

File No.

(PSC fills this in)

COMPLAINT

1. Complainant resides at:

PO BOX 28514
(Address of complainant) _____

SAINT LOUIS, MO 63146

(City)

(State)

(Zip Code)

2. The utility service complained of was received at:

a. Complainant's address listed in paragraph 1.

b. A different address:

4405 West Pine

(Address where service is provided, if different from Complainant's address) _____

SAINT LOUIS, MO, 63108

(City)

(State)

(Zip Code)

Ameren UE, PO Box 88068

Chicago IL 60680

(Zip Code)

4. Respondent is a public utility under the jurisdiction of the Missouri Public Service Commission.

(If your complaint is about money state how much is in dispute here.)

6. Complainant now requests the following relief:

Based on a corporate guaranty that we have signed with Ameren UE in 2017 without having any expiration date, that Ameren UE will waive the deposits if assessed on any of our accounts providing that the total current balance owed on all accounts is limited to \$50K.

[illegible]

7. The relief requested is appropriate because Respondent has violated a statute, tariff, or Commission regulation or order, as follows:


Not following the terms stated in the corporate guaranty, and Ameren UE claims the agreement is expired where it has not expiration date.

8. The Complainant has taken the following steps to present this matter to the Respondent:

(Please describe in detail what steps you have already taken to resolve this complaint.)

Corporate guaranty was sent to Ameren UE and although they acknowledge the guaranty, they maintain it is expired despite no such expiration date. They have otherwise avoided working with us and the deposit on the account is still showing although we are making regular monthly payments on the account and no amounts are owed.

7/15/19
Date

Signature of Complainant's Attorney: 

34-537-0014
Complainant's Phone Number

Ira Benkowitz
Complainant's Printed Full Name
Attorney

Alternate Contact Number

- Attorney
Complainant's E-mail Address *ImBerk @ Inlink . com*

Attach additional pages, as necessary. Attach copies of any supporting documentation. Do not send originals of any supporting documentation.