

FORMAL COMPLAINT FORM

Missouri Public Service Commission

Attach extra pages as necessary.

_Vas Construction LLC-________,)

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

_	V. Ameren UE	Complainant,))) File N)))	O. (PSC fills this in)	
	(Utility's name here)	Respondent,)		
		COM	PLAINT		
1.	Complainant resides at:				
	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: 5510 Pershing Ave (Address where service is provided, if different from Complainant's address)				
	SAINT LOUIS, MO, 63112				
	(City)	(State)		(Zip Code)	

3. Respondent's address is: Ameren UE, PO Box 88068 (Address of complainant) Chicago IL 60680 (City) (State) (Zip Code) 4. Respondent is a public utility under the jurisdiction of the Missouri Public Service Commission. 5. The amount at issue is: \$\\\
(If your complaint is about money state how much is in dispute here.) 6. Complainant now requests the following relief: (Explain what you want the Commission to do: the specific results you are seeking in this complaint.) Based on a corporate guaranty that we have signed with Ameren UE in 2017 without having any expiration date, that Ameren UE will the deposits if assessed on any of our accounts providing that the total current balance owed on all accounts is limited to \$50K. 7. The relief requested is appropriate because Respondent has violated a statute, tariff, or Commission regulation or order, as follows: (Explain why the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission regulation or order.) Not following the terms stated in the corporate guaranty, and Ameren UE claims the agreement is expired where it has not expiration

	nt has taken the following steps to present this matter to
the Respondent:	
	ou have already taken to resolve this complaint.)
Corporate guaranty was sent to Ameren with us and the deposit on the account is	UE as a reference in order to get these deposits resolved, but they have avoided working s still showing although we are making regular monthly payments on the account.
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7 15 19 Date	Signature of Complainant's Att J. L. Sclows
314-537-0014	Ira Berkovitz
Complainant's Phone Number	Complainant's Printed Full Name
astorney's	Im Berk @ Inlink, com
Alternate Contact Number	Complainant's E-mail Address
	V

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