

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

Missouri Public Service Commission

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

_Vas Construction LLC	,
Complain	nant,
٧.)) File No.
Ameren UE)
) (PSC fills this in)
(Utility's name here) Responde	ent,)
C	COMPLAINT
1. Complainant resides at: 60 BOX 28514 (Address of complainant)	
SAINT LOUIS, MO 63146	
(City) (Stat	te) (Zip Code)
2. The utility service complain	ned of was received at:
a. Complainant's addre	ss listed in paragraph 1.
b. A different address: 5522 Delmar Blvd	
(Address where service is provided, if different from Cor	nplainant's address)
SAINT LOUIS, MO, 63112	
(City) (Stat	e) (7in Code)

3. Respondent's address is:

Ameren UE, PO Box 88068

(Addre	of complainant)
hica	o IL 60680
(City)	(State) (Zip Code)
	4. Respondent is a public utility under the jurisdiction of the Missouri Public
Servi	e 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.)
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contin Ve rec	to \$50K. Ameren is now insisting that we make those deposits despite thei ing to hold our Corporate Guaranty. uest that the Commission waive the requirement for a deposit on this y and have Ameren return our deposit.
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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.		
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1/15/19	021	
7 15 19 Date	Signature of Complainant's ANY OFFICE ; La Solvent	
2.1.3		
34-5-37-0014	Ira Berkowitz	
Complainant's Phone Number	Complainant's Printed Full Name	
	- Attorneys Complainant's, E-mail Address Im Derte @ Inlink. Co.M	
Alternate Contact Number	Complainant's E-mail Address Im Derte & Inlink, COM	

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