

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

Missouri Public Service Commission

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

_VasConstructionLLC	,)	
(Your name here)	Complainant,		
	٧.) File No.	
_Ameren UE) (PSC fills this in)	
(Utility's name here)	Respondent,)	
	COMPLA	AINT	
. Complainant resid	des at:		
PO BOX (Address of complainant)	28514		
SAINT LOUIS, MO 63	3146		
(City)	(State)	(Zip Code)	-
2. The util	ity service complained of was	received at:	
a. C	omplainant's address listed in	ı paragraph 1.	
b. A 4501 Laclede Ave Rea	A different address:		
(Address where serv ice is 	provided, if different from Complainant's add	ress)	
_SAINT LOUIS, MO,	63108		

3. Respondent's address is:

Ameren UE, PO Box 88068

(Address of c	omplainant)
Chicago I	L 60680
(City)	(State) (Zip Code)
4.	Respondent is a public utility under the jurisdiction of the Missouri Public
Service C	ommission.
5.	The amount at issue is: \$ 474 (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.)
waive the deposits if a	assessed on any of our accounts providing that the total current balance owed on all accounts is limited to \$50K.
(Explain why t	The relief requested is appropriate because Respondent has violated a ariff, or Commission regulation or order, as follows: the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission order.) the terms stated in the corporate guaranty, and Ameren UE claims the agreement is expired where it has not expiration

8. The Complainant	t 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 I 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 still showing although we are making regular monthly payments on the account.
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	1 LL
06 / 08 / 2019	& Must
Date	Signature of Complainant
	-
314-203-9351	SHIJING CAO
Complainant's Phone Number	Complainant's Printed Full Name
	accounting@revivalstl.com
Alternate Contact Number	Complainant's E-mail Address

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