

FILED

OCT 16 2024

Missouri Public Service Commission

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

Dominic Mikel (Your name here) Complainant, v. Ameren Missouri (Utility's name here) Respondent

File No.

(PSC fills this in)

FORMAL COMPLAINT

1. Complainant resides at:

[Redacted address] (Address of complainant)

[Redacted city, state, zip] (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:

[Redacted address] (Address where service is provided, if different from Complainant's address)

[Redacted city, state, zip] (City) (State) (Zip Code)

Sorry not sure if this was for me to fill out

3. Respondent's address is:

[Redacted]

(Address of complainant)

[Redacted]

(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: \$

[Redacted]

(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.)

We want the commission to reevaluate this bill and get rid of it/take it off our account.

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.)

The company refuses to check the meter to make sure its reading right and that our energy usage was accurate. We were in a newer 2 bed apartment and were being told we used almost [Redacted] worth of electric for June or July yet we now live in a 2 story 60 yr old house and our bill was [Redacted] It doesn't take a genius to see something may be off.

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.)

10-7-24
Date

D. Mikel
Signature of Complainant

[REDACTED]
Complainant's Phone Number

Dominic W. Mikel
Complainant's Printed Full Name

Alternate Contact Number

[REDACTED]
Complainant's E-mail Address

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

Dominic Mikel



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As
US
If you ch.
please mail

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