

Dear Unit of Local Government:

Please complete and return this form so we can investigate your claim under Section 16-125(e) of the Illinois Public Utilities Act (220 ILCS 5/16-125(e)). THIS FORM IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF AMEREN ILLINOIS COMPANY. Be as accurate and complete as possible, and attach any documentation that you have to support your claim and the expense amount. If you need additional space, use a separate piece of paper. We will conduct an impartial investigation and render a decision as quickly as possible. Please note that our investigation may include field inspections to verify expenses claimed and to obtain such other proof as required by the circumstances of the case. We will notify you when we reach a decision on your claim. If you choose not to accept our proposed administrative resolution of your claim, you may pursue a complaint by contacting the Illinois Commerce Commission's Consumer Services Division at 1-800-524-0795 (Monday thru Friday, 8:30 AM – 5:00 PM, except State and Federal holidays).

**When completed, return the supporting documentation to:**

**Brentwood Services Administrators, Inc.  
PO Box 4605  
Chesterfield, MO 63006-4605**



**CLAIM STATEMENT  
FOR CLAIMS UNDER SECTION 16-125(e)  
OF THE ILLINOIS PUBLIC UTILITIES ACT  
EMERGENCY AND CONTIGENCY EXPENSES  
UNITS OF LOCAL GOVERNMENT ONLY**

# \_\_\_\_\_  
(office use)

**PLEASE READ CAREFULLY THE ATTACHED POLICY STATEMENT BEFORE  
COMPLETING THIS CLAIM FORM.**

**Name of Local Unit of Government:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

**Contact Telephone Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Mailing address if other than above:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State Zip Code

**Place of Incident:** \_\_\_\_\_

**Date of Loss:** \_\_\_\_\_  
Month Day Year Time

**Describe the events causing the damage, include names of any Ameren employees and/or contractors involved.**

---

---

---

---

---

---

**List a description of the Emergency and Contingency expense and the amount being claimed for each and an explanation of the method by which the cost was determined. Attach documentation supporting the expense and proof that such expense was incurred as a result of the power interruption for which this claim is being made.**

---

---

---

**Total amount of claim: \$ \_\_\_\_\_**

**Does this constitute the entire claim resulting from this incident?      \_\_\_\_\_ Yes      \_\_\_\_\_ No**

**NOTE: PAID BILLS OR ESTIMATES MUST BE ATTACHED AND WILL NOT BE RETURNED. PLEASE KEEP A COPY FOR YOUR RECORDS**

**The claimant(s) acknowledge that they have read this Claim Form carefully, that they are the owners of the damaged property, and the information provided is true and correct. It is understood that request for this information is not an indication that the Company is honoring the claim.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**