



Missouri Public Service Commission

Judge or Division:	Appellate Number:
Appellant:	Missouri Public Service Commission File Number:
vs.	
Respondent:	

(Date File Stamp)

Notice of Appeal

Notice is given that _____ appeals to the Missouri Court of Appeals Western Eastern Southern District.

_____ Date Notice of Appeal Filed (to be filled in by Secretary of Commission) _____ Signature of Attorney or Appellant

The notice of appeal shall include the appellant's application for rehearing, a copy of the reconciliation required by subsection 4 of section 386.420, a concise statement of the issues being appealed, a full and complete list of the parties to the commission proceeding, and any other information specified by the rules of the court. The appellant(s) must file the original and (2) two copies and pay the docket fee required by court rule to the Secretary of the Commission within the time specified by law. **Please make checks or money orders payable to the Missouri Court of Appeals.** At the same time, Appellant must serve a copy of the Notice of Appeal on attorneys of record of all parties other than appellant(s), and on all parties not represented by an attorney.

CASE INFORMATION

Appellant Name / Bar Number:	Respondent's Attorney / Bar Number:	
Address:	Address:	
Telephone: Fax:	Telephone: Fax:	
Date of Commission Decision:	Date of Application for Rehearing Filed:	Date Application for Rehearing Ruled On:

DIRECTIONS TO COMMISSION

A copy of the notice of appeal and the docket fee shall be mailed to the clerk of the appellate court. Unless otherwise ordered by the court of appeals, the commission shall, within thirty days of the filing of the notice of appeal, certify its record in the case to the court of appeals.

Certificate of Service

I certify that on _____ (date), I served a copy of the notice of appeal on the following parties, at the following address(es), by the method of service indicated.

 Appellant or Attorney for Appellant