



MISSOURI PUBLIC SERVICE COMMISSION

RECORDS REQUEST FORM

REQUESTOR'S INFORMATION	
REQUESTOR'S NAME:	
COMPANY NAME:	
MAILING ADDRESS: (MUST PROVIDE STREET ADDRESS IF REQUESTING PRIORITY OR OVERNIGHT DELIVERY)	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
BILLING INFORMATION <input type="checkbox"/> CHECK HERE IF SAME AS ABOVE	
BILLING CONTACT NAME:	
COMPANY NAME:	
BILLING ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
DOCUMENT & DELIVERY INFORMATION	
DESCRIPTION OF DOCUMENT(S) BEING REQUESTED: (ATTACH ADDITIONAL SHEETS IF NECESSARY)	
CASE NUMBER OR TRACKING NUMBER:	
DOCUMENT FORMAT: <input type="checkbox"/> PAPER <input type="checkbox"/> ELECTRONIC (AVAILABILITY VARIES BY DOCUMENT TYPE AND YEAR)	
CERTIFIED COPY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREFERRED DELIVERY METHOD:	
<input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> PICK-UP <input type="checkbox"/> PRIORITY/OVERNIGHT MAIL*	
*RECIPIENT WILL BE BILLED FOR PRIORITY OR OVERNIGHT DELIVERY. PLEASE PROVIDE THE FOLLOWING.	
ACCOUNT NUMBER:	
ACCOUNT TYPE: <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER (SPECIFY) _____	
SEND REQUESTS TO: MISSOURI PUBLIC SERVICE COMMISSION DATA CENTER P.O. Box 360 JEFFERSON CITY, MO 65101 FAX: 573-522-6176 EMAIL: RECORDSREQUEST@PSC.MO.GOV	CHARGES: AN ACTUAL-COST FEE FORMULA IS APPLIED FOR COPIES. CHARGES WILL NOT EXCEED 10 CENTS PER PAGE. FOR CERTIFIED COPIES, AN ADDITIONAL \$1 PER CERTIFIED SHEET WILL BE APPLIED. AN INVOICE FOR FEES WILL BE ISSUED TO THE BILLING CONTACT LISTED ABOVE.
QUESTIONS: PLEASE CALL THE DATA CENTER AT 573-751-7496	