

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

_____)	
(Your name here))	
)	
Complainant,)	
)	
v.)	File No.
)	
_____)	
)	(PSC fills this in)
_____)	
(Utility's name here))	
)	
Respondent,)	

COMPLAINT

1. Complainant resides at:

_____ (Address of complainant)

_____ (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:

_____ (Address where service is provided, if different from Complainant's address)

_____ (City) (State) (Zip Code)

