## MISSOURI PUBLIC SERVICE COMMISSION INFORMAL COMPLAINT FORM

(office use only) ف Ne	ew	Existing	Re-Open		
-	must be submitted by the discuss the account.	e customer of record	or a party authorized	l with the uti	lity
Name on Account or Business Contact	Last Name		First Name		Middle Initial
Name of Business (if applicable)					
Street Address	Street Address				
City/State/Zip County:	City	State	Zip Code	County	
Home Phone Work Phone (include area code)	Home Phone ()	Work Phone ()		_ ext	
Cell Phone/Pager E-mail Address	Cell Phone/Pager				
Fax# Preferred Method of Contact between 8am – 5pm	Fax#:	Preferred method of contact between 8am – 5pm:	<sup>Ĵ</sup> Home Phone <sup>Ĵ</sup> Work Phone	「Cell/Pager 「E-mail	<sup>f</sup> Mail <sup>f</sup> Fax
Service you have a problem with	<sup>Î</sup> Electric <sup>Î</sup> Gas	<sup>ĵ</sup> Telephone	ĺWater	ÎSewer	
Name of the Utility Co. Account#	Name of Utility:		Account#:		
Briefly describe proble	em: (You <u>MUST</u> include a co	opy of your bill)!			
	c Service Commission, P.O.		• -	ax to: 573-526-1	1500
If you need addition:	al space, please include ano	other sheet. Do NOT w	rite on the back of this	form!	

