Print Form

Reset

STATEMENT OF REVENUE

FY-2026 Mo. PSC Assessment

"Certificated or Registered IVoIP" UTILITY COMPANY NAME & AD (Provide the full name of the company as certificated or registered with the Missouri Public Include any Commission approved d/b/a or fictitious name, if applicable.)	Service Commission. Do not abbreviate.
<u></u>	
NAME ,	TITLE
E-MAIL ADDRESS	TELEPHONE #
hereby certify that the GROSS INTRASTATE OPERATI named Company in the State of Missouri, for the calendar NOTE: THE GROSS INTRASTATE OPERATING REVENUE REPORTED ON THIS ST	year 2024, is:
TOTAL MISSOURI JURISDICTIONAL OPERATING REVENUES REPORTED ON	
**IF REPORTING ZERO REVENUE, DO YOU WISH TO RETAIN YOUR OPERA	TING CERTIFICATE? YES NO
ELECTRIC OPERATING REVENUE GAS OPERATING REVENUE HEATING OPERATING REVENUE WATER OPERATING REVENUE	
SEWER OPERATING REVENUE TELEPHONE/IVoIP OPERATING REVENUE	
TOTAL	
	SIGNATURE
State of)	
County of)	
Sworn to and subscribed before me a Notary Public in and day of,	l for said County and State this
DATE MONTH YEAR	
(SEAL)	
	NOTARY PUBLIC
My commission expires	TOTALL TODALE