

The State of Missouri
Public Service Commission

Non-Disclosure Agreement

I, _____, have read and agree to, and will abide by, the Commission's Rules on Confidential Information found at 20 CSR 4240-2.135 and if applicable, have been presented a copy of the Protective Order issued in Case No.

_____ on the _____ day of _____, _____.

I have requested review of the confidential information produced in Case No. _____ on behalf of _____

_____.

I hereby certify that I have read the Protective Order, if applicable, and agree to abide by its terms and conditions.

Dated this _____ day of _____, _____.

Signature and Title

Employer

Party

Address

Telephone

E-mail