



MISSOURI PUBLIC SERVICE COMMISSION

# RECORDS REQUEST FORM

<b>REQUESTOR'S INFORMATION</b>	
REQUESTOR'S NAME:	
COMPANY NAME:	
MAILING ADDRESS: (MUST PROVIDE STREET ADDRESS IF REQUESTING PRIORITY OR OVERNIGHT DELIVERY)	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
<b>BILLING INFORMATION</b> <input type="checkbox"/> CHECK HERE IF SAME AS ABOVE	
BILLING CONTACT NAME:	
COMPANY NAME:	
BILLING ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
<b>DOCUMENT &amp; DELIVERY INFORMATION</b>	
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 (PAPER DOCUMENTS ONLY): <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) _____	
<b>SEND REQUESTS TO:</b> MISSOURI PUBLIC SERVICE COMMISSION DATA CENTER P.O. Box 360 JEFFERSON CITY, MO 65101 FAX: 573-522-6176 EMAIL: <a href="mailto:RECORDSREQUEST@PSC.MO.GOV">RECORDSREQUEST@PSC.MO.GOV</a>	<b>CHARGES:</b> 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.
<b>QUESTIONS: PLEASE CALL THE DATA CENTER AT 573-751-7496</b>	