



ENTRY OF APPEARANCE

CASE NUMBER IT-2003-0157	IN RE SOUTHWESTERN BELL TELEPHONE, L.P. Rel E-911 Panel
NAME PAUL LANE	ATTORNEY ☒ YES ☐ NO
ADDRESS 1 SDC CENTER - RM 3520	
Tel: _____	
APPEARING FOR SOUTHWESTERN BELL TELEPHONE L.P. d/b/a SBC Missouri	
TRANSCRIPT ORDER	
☒ Number of Copies of Printed Transcript	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
☐ Number of Copies of ASCII Diskette*	☒ Mail First Class
☐ E-mail address _____	☐ Will Pick up in Mailbox Outside PSC Records Dept.
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*Note: To receive an ASCII Diskette of the transcript, the written request for an ASCII Diskette must be made at the time of hearing and a printed copy of the transcript must be purchased.

WAIVER OF READING OF TRANSCRIPT BY COMMISSIONERS

Section 536.080(2) RSMo. requires in contested cases that each official of an agency who renders or joins in rendering a final decision either hear the evidence, read the full record including all of the evidence, or personally consider portions of the record cited or referred to in an argument or brief. By written stipulation or oral stipulation in the record at a hearing, the parties may waive the reading of the transcript.

Pursuant to this section, _____
(PARTY)
waives the reading of the transcript by this Commission.

DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING READING OF TRANSCRIPT
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WAIVER OF PREPARATION OF TRANSCRIPT

Section 386.420.4 RSMo. provides that preparation of a printed transcript may be waived by unanimous consent of all the parties.

Pursuant to this section, _____
(PARTY)
waives the preparation of a printed transcript.

FILED
JAN 13 2003
Missouri Public Service Commission

DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT
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ENTRY OF APPEARANCE

CASE NUMBER IT-2003-0157	IN RE SBC Wireless 9-1-1
NAME ERIC ANDERSON	ATTORNEY ☒ YES ☐ NO
ADDRESS 200 Madison St, Suite 800 Jefferson City, MO 65101	
APPEARING FOR Staff of MoPSC	Tel: 751-7485
FILED JAN 13 2003 Missouri Public Service Commission	
TRANSCRIPT ORDER ____ Number of Copies of Printed Transcript ____ Number of Copies of ASCII Diskette* ____ E-mail address _____	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) ☐ Mail First Class ☐ Will Pick up in Mailbox Outside PSC Records Dept. ☐ Will Pick up at PSC Receptionist's Desk ☐ Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)
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DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT ▶
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