

**STATE OF MISSOURI  
PUBLIC SERVICE COMMISSION**


**NONDISCLOSURE AGREEMENT  
For Case No. \_\_\_\_\_**

I, \_\_\_\_\_, have reviewed the Commission's Rule at 4 CSR 240-2.135 on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

I hereby certify that I have read and agree to abide by the Commission's Rule at 4 CSR 240-2.135.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

  
\_\_\_\_\_  
Signature & Title

*Applied Economics Clinic*  
\_\_\_\_\_  
Employer

\_\_\_\_\_  
Party

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone