

MISSOURI PUBLIC SERVICE COMMISSION

November 12, 2003

Case No. WC-2004-0215

Dana K Joyce
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, Missouri, 65102

John B Coffman
P.O. Box 7800
200 Madison Street, Suite 640
Jefferson City, Missouri, 65102

Gary L Smith
Warren County Water and Sewer
Company
1248 Mmosa Court
P.O. Box 150
Foristell, Missouri, 63348

Bonnie H Rhein
Warren County Water and Sewer
Company
10402 Cable Avenue
St. Louis, Missouri, 63131

Paul S DeFord
Warren County Water and Sewer
Company
2345 Grand Boulevard, Suite 2800
Kansas City, Missouri, 64108

Enclosed find a certified copy of a NOTICE in the above-numbered case(s).

Sincerely,

Dale Hardy Roberts

Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		Article Sent To: Paul De Ford	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here		
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: Paul DeFord 2345 Grand Blvd. Ste. 2800 Kansas City, MO 64108		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7099 3220 0009 3699 6923		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	

7099 3220 0009 3699 6923

Name (Please Print Clearly) (To be complete)
 Street, Apt. No., or PO Box No.
 2345 Grand
 City, State, ZIP+4
 Remo

PS Form 3800, July 1999

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Article Sent To:

Bonnie Rhein

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print Clearly) (To be completed by mail)

Warren Co Water & Sewer

Street, Apt. No., or PO Box No.

10402 Cable Ave

City, State, ZIP+4

St. Louis MO 63131

PS Form 3800, July 1999

See

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bonnie H Rhein
Warren County Water & Sewer
10402 Cable Ave.
St. Louis, MO 63131

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 6930

PS Form 3811, August 2001

#117

Domestic Return Receipt

#120

102595-01-M-2508

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bonnie H. Rhein

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Warren Co. Water & Sewer

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print Clearly) (To be completed by mail)

Gary Smith

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary L Smith
Warren County Water & Sewer Co.
1248 Mmosa Court
P.O. Box 150
Foristell, MO 63348

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 6947

PS Form 3811, August 2001

#117

Domestic Return Receipt

#120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Gary L. Smith

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes