

**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