Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

(Your name here))	
Complainant,)	
V.) File No.)	
))	(PSC fills this in)
(Utility's name here) Respondent,)	
FORMA	L COMPLAINT	
1. Complainant resides at:		
		de)
2. The utility service complained of was	received at:	
a. Complainant's address listed	in paragraph 1.	
b. A different address:		
(A vided, if different from Complainant's add	drace)	
vided, il different nom complamant's aut	u. 000)	

de)

3. Re	spondent's address is:
((State) (Zip Code)
4. Re	spondent is a public utility under the jurisdiction of the Missouri Public
Service Com	mission.
5. The	e amount at issue is: \$ ur complaint is about money state how much is in dispute here.)
6. Co	mplainant now requests the following relief:
(Explain what you w	vant the Commission to do: the specific results you are seeking in this complaint.)
7. The	e relief requested is appropriate because Respondent has violated a
statute, tariff,	or Commission regulation or order, as follows:
(Explain why the Coregulation or order.)	ommission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission

8. The Complainant has taker	n the following steps to present this matter to
the Respondent:	
(Please describe in detail what steps you have already t	taken to resolve this complaint.)
	<u></u>
Date	Signature of Complainant
nana Number	Complainant's Drinted Full Name
none Number	Complainant's Printed Full Name
Alternate Contact Number	Complainant's E-mail Address

Attach additional pages, as necessary. Attach copies of any supporting documentation. Do not send originals of any supporting documentation.