

FORMAL COMPLAINT FORM

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,)

FORMAL COMPLAINT

1. Complainant resides at:

(A [redacted])

[redacted] _____ [redacted] de)

2. The utility service complained of was received at:

a. Complainant's address listed in paragraph 1.

b. A different address:

(A [redacted] vided, if different from Complainant's address)

[redacted] _____ [redacted] de)

