



## ENTRY OF APPEARANCE

CASE NUMBER	ER-01-299	IN RE	Empire Dist. Electric Co.
NAME	John Coffman	ATTORNEY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	P.O. Box 7800 Jefferson City MO 65102		
APPEARING FOR	Office of the Public Counsel		

FILED  
MAY 14 2001  
Missouri Public Service Commission

## TRANSCRIPT ORDER

1 Number of Copies of Printed Transcript  
\_\_\_\_ Number of Copies of ASCII Diskette\*

## TRANSCRIPT DELIVERY (PLEASE CHECK ONE)

- ☐ Mail First Class  
☐ Will Pick up in Mailbox Outside PSC Records Dept.  
☐ Will Pick up at PSC Receptionist's Desk  
☐ Send by (Circle One): Fed. Express/Airborne/ \_\_\_\_\_  
(Account No. \_\_\_\_\_)

\*Note: To receive an ASCII Diskette of the transcript, the written request for an ASCII Diskette must be made at the time of hearing and a printed copy of the transcript must be purchased.

## WAIVER OF READING OF TRANSCRIPT BY COMMISSIONERS

Section 536.080(2) RSMo. requires in contested cases that each official of an agency who renders or joins in rendering a final decision either hear the evidence, read the full record including all of the evidence, or personally consider portions of the record cited or referred to in an argument or brief. By written stipulation or oral stipulation in the record at a hearing, the parties may waive the reading of the transcript.

Pursuant to this section, \_\_\_\_\_  
(PARTY)  
waives the reading of the transcript by this Commission.

DATE

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING READING OF TRANSCRIPT



## WAIVER OF PREPARATION OF TRANSCRIPT

Section 386.420.4 RSMo. provides that preparation of a printed transcript may be waived by unanimous consent of all the parties.

Pursuant to this section, \_\_\_\_\_  
(PARTY)  
waives the preparation of a printed transcript.

DATE

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT





## ENTRY OF APPEARANCE

CASE NUMBER <b>ER-2001-299</b>	IN RE. <b>EMPIRE DISTRICT ELECTRIC</b>
NAME <b>DAVID MEYER</b>	ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>P.O. Box 360</b> <b>J.C. Mo 65201</b>	
APPEARING FOR <b>STAFF OF THE MO PSC</b>	
TRANSCRIPT ORDER ____ Number of Copies of Printed Transcript ____ Number of Copies of ASCII Diskette *	
TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <input type="checkbox"/> Will Pick up at PSC Receptionist's Desk <input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)	

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