

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:

\_\_\_\_\_

(Address of complainant)

\_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

2. The utility service complained of was received at:

- a. Complainant's address listed in paragraph 1.
- b. A different address:

\_\_\_\_\_

(Address where service is provided, if different from Complainant's address)

\_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)



