

# STATEMENT OF REVENUE

*FY-2004 Mo. PSC Assessment*

**COMPANY NAME & ADDRESS(Utility Code)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
NAME TITLE TELEPHONE #

hereby certify that the **GROSS INTRASTATE OPERATING REVENUE** of the above-named Company in the State of Missouri, for the calendar year 2002, is:

**NOTE: REPORT (to the nearest dollar) REVENUE APPLICABLE TO YOUR RESPECTIVE UTILITY OPERATIONS. IF YOU OWN OR OPERATE MORE THAN ONE COMPANY IN MISSOURI, SUBMIT A STATEMENT OF REVENUE FORM FOR EACH COMPANY. IF REVENUE IS COMBINED, SUBMIT FORMS FOR ALL COMPANIES AND INDICATE ON EACH FORM THE COMPANIES BEING INCLUDED IN THE COMBINED REVENUE STATEMENT.**

<b>ELECTRIC OPERATING REVENUE</b>	<b>\$</b> _____
<b>GAS OPERATING REVENUE</b>	<b>\$</b> _____
<b>HEATING OPERATING REVENUE</b>	<b>\$</b> _____
<b>WATER OPERATING REVENUE</b>	<b>\$</b> _____
<b>SEWER OPERATING REVENUE</b>	<b>\$</b> _____
<b>TELEPHONE OPERATING REVENUE</b>	<b>\$</b> _____
<b>TOTAL</b>	<b>\$</b> _____

\_\_\_\_\_  
SIGNATURE

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

Sworn to and subscribed before me a Notary Public in and for said County and State this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
DATE MONTH YEAR

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_.

Mail one notarized copy of this statement to the Missouri Public Service Commission, Internal Accounting  
Department, P.O. Box 360, Jefferson City, Missouri 65102.  
NO LATER MARCH 31, 2003