

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

Missouri Public Service Commission

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

		,	
(Your name here)	Complainant,	11-4-30	74
)	P**1 . 3.1	as to the same
THEN	61/ factoric}	File No. (PSC fills this in)	07
(Utility's name here)	,	,	•
	Respondent,	JAL AISSED HE	ALIAS
	JX FORMAL O	COMPLAINT DATE	distribution of the second
1 Com	plainant resides at:	. SUSTIN M	
	HIII)	2 14/10	
(Address of complaina	nt)		# " " " " " " " " " " " " " " " " " " "
			-11 11 0
(City)	(State)	(Zip eode)	- M- 4 "
2. The	utility service complained of was re	ceived at:	
а	. Complainant's address listed in p	paragraph 1.	
b	. A different address:		e e
(Address where service	e is provided, if different from Complainant's addres	3)	
transcoo miero aci ne	o la provincia il directori il directori di complanta il didicato	-7	
(City)	(State)	(Zip Code)	
(Oity)	(Otato)	(mile code)	

(Address of	complainant)	
(City)	(State) (Zip Code)	
	Respondent is a public utility under the jurisdiction of the Missouri Public	
Service	Commission.	
5	. The amount at issue is: \$ (If your complaint is about money state how much is in dispute here.)	
6	. Complainant now requests the following relief:	
(Explain who	at you want the Commission to do: the specific results you are seeking in this complaint.)	
	:	
<u> </u>		
7	7. The relief requested is appropriate because Respondent has violated a	
statute,	tariff, or Commission regulation or order, as follows:	
(Explain wh	by the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commor order.)	
	· · · · · · · · · · · · · · · · · · ·	

8. The Complainant has take	n the following steps to present this matter to			
the Respondent:				
(Please describe in detail what steps you have already taken to resolve this complaint.)				
•				
Data	Signature of Complainant			
Date	Signature of Complainant			
Complainant's Phone 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.

Missouri Palyi SERVICE COMISSON

300 MADISON & T.

P.O. BOX 360

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ATTENTION & JUSTIN E.

CUSTOMER STANTOS

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CUSTOMER SERVICE

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