

**WYOMING PUBLIC SERVICE COMMISSION
REQUIRED COVER SHEET FOR ALL FILINGS AND APPLICATIONS**

Full Company Name _____

d/b/a's, subsidiaries _____

Street Address _____

City State Zip (plus 4 digits)

Mailing Address _____

City State Zip (plus 4 digits)

Contact Person _____

Name

Title

Type of filing (check all that apply)

Rates/Rules/Tariff Change

- Pass-on
- Commodity Balancing Account Adjustment
- General Rate Case
- Rules & Regulations

Tariffs included? Yes No

\$5.00 Filing Fee Paid? Yes No

Service List included? Yes No

Total Amount Requested _____ Increase Decrease Implement New Rate

Amount Requested Per _____ (unit)

Securities, Certificates, Sale/Transfer

Service List included? Yes No

\$15.00 Filing Fee Paid? Yes No

\$100.00 Filing Fee Paid? Yes No

Compliance Filings

Compliance Filing? Yes No Docket No. _____

Revision Filing? Yes No Docket No. _____

DO NOT WRITE BELOW THIS LINE FOR PSC USE ONLY!

Docket No. _____ Docket Type _____

Sub No. _____ Type of Case _____

Comm Atty _____ CRS Atty _____

Date Filed _____

Accepted For Filing Yes No

Date Entered _____ Entry by _____ Confirmed