FLORIDA PUBLIC SERVICE COMMISSION
OFFICIAL TRANSCRIPT ORDER FORM

TO: Hearing Reporter Services Section, Office of Commission Clerk

DOCKET NO. _____ EVENT DATE(S): _____

RE: _____

☐HRG. ☐RULE HRG. ☐DEPO. ☐PHC ☐CUST. MEETING ☐WORKSHOP ☐SER. HRG. ☐AGENDA ITEM

I am ordering the following (*checked items*) and agree to pay the Florida Public Service Commission the fee as set forth in the *Commission's Copying Charges for Commission Record, which is available from the Commission's Web Site*: *www.psc.state.fl.us/dockets/pdf/chargeform.pdf*.

☐ Copy(ies) of transcript ☐ Compressed copy* ☐ (bound) ☐ (unbound)

☐ Keyword Index.

☐ ASCII disk* of transcript

☐ E-mail the transcript to: _____
(at no charge) Please print clearly

*Compressed transcripts copies and ASCII disks **DO NOT** contain prefiled testimony.

NOTE: Copying charges for Commission records apply to filed transcripts purchased through the Florida Public Service Commission (PSC) and **DO NOT** represent the applicable fees of non-PSC court reporters producing Commission transcripts. Therefore, you may need to contact the non-PSC court reporter directly for their transcript ordering procedures and applicable charges.

Requestor: _____

Company Name/Law Firm: _____

Mailing Address: _____

_____

Representing: _____ Telephone No. _____

FOR COMMISSION USE ONLY

Date Notified: _____ Name of Person Contacted: _____

Transcript to be: ☐ PICKED UP *or* ☐ MAILED (to this addresse, if different from above)

Invoice No.: _____ Total Cost: _____ Picked up by: _____