

**FLORIDA PUBLIC SERVICE COMMISSION**  
**OFFICIAL TRANSCRIPT ORDER FORM**

TO: Office of Hearing Reporter Services

DOCKET NO. \_\_\_\_\_ HEARING DATE: \_\_\_\_\_ RE: \_\_\_\_\_

HRG. RULE HRG. DEPO. PHC WKSHOP CM SPAG. SER. HRG AGENDA ITEM

I am ordering the following checked items. I agree to pay the Florida Public Service Commission, in advance, the charge and/or statutory fee indicated:

\_\_\_\_\_ Copy(ies) of transcript @ 5 cents per page,  (bound)  (unbound).

\_\_\_\_\_ Keyword Index (see reverse).

\_\_\_\_\_ Compressed Transcript @ 5 cents per page, (see reverse). \*

\_\_\_\_\_ ASCII disk of transcript @ \$1.00 per disk.\*

\_\_\_\_\_ WordPerfect disk of transcript @ \$1.00 per disk.\*

\_\_\_\_\_ Copy of hearing tapes @ \$2.00 per tape.

\_\_\_\_\_ Please E-mail me the transcript at: \_\_\_\_\_ \*  
(No Cost) Please print clearly

\* **NOTE:** Compressed and E-Mailed transcripts, WordPerfect and ASCII disks **DO NOT** contain prefiled testimony.

**NOTE:** The prices above are only for officially filed transcripts purchased through the FPSC Division of the Commission Clerk and Administrative Services. The prices **ARE NOT** applicable to private transactions between non-FPSC court reporters producing Commission transcripts and ordering parties. If you are ordering copies directly from the non-FPSC reporter, please ask for their transcript order form. Thank you.

Requestor \_\_\_\_\_

Name of company/law firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Representing: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**FOR COMMISSION USE ONLY**

Date notified \_\_\_\_\_ By Whom \_\_\_\_\_

Name of person contacted: \_\_\_\_\_

Transcript: WILL BE PICKED UP or PLEASE MAIL (circle one).

Mailing address if different than above:

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

Total Cost: \_\_\_\_\_ Received By: \_\_\_\_\_