



Declaration of Government Participant Status

Date:

Proceeding Information

Project Name:	
Hearing Order No:	File Number:

Government Participant Information

Name:	Address:
Title:	City:
Organization:	Province:
Telephone:	Postal Code:
Facsimile:	Email:
Address for Courier/Personal Service: (if different from mailing address)	
Address:	Telephone:

Authorized Representative Information

If you do not have an authorized representative, please leave blank.

Name:	Address:
Title:	City:
Organization:	Province:
Telephone:	Postal Code:
Facsimile:	Email:
Address for Courier/Personal Service: (if different from mailing address)	
Address:	Telephone:

Issues and Interests

What is your specific interest in the proceeding?
Do you or your authorized representative intend to appear at the public hearing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state clearly the issues that you intend to address at the public hearing.

Access, Notification and Service

Which official language do you wish to use in correspondence with the Board and at the public hearing?	English <input type="checkbox"/> French <input type="checkbox"/>
Documents submitted electronically are available on the Board’s electronic document repository. If you have the capability to access the repository, the Board and other parties in this proceeding may serve you notification that a document has been filed and is available in the repository, instead of serving you a hard copy of the document.	
Do you have the capability to access the Board’s electronic document repository?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Participation at the Hearing

Government Participants wishing to give evidence must file their written evidence with the Board and serve a copy on all parties by the deadline for written evidence indicated in the Timetable of Events in the Hearing Order.	
Will you be filing written evidence?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Comments