

Department of Finance The Public Utilities Board 400 - 330 Portage

"APPENDIX I"

PAGE 1 OF 2

INTERVENER REQUEST FORM

1.	Application Re He	aring:	
2.	Name of Requesti	ing Party:	
	^ l l f D		
3.	Address of Reque	esting Party:	
1	Phone Number:	Business:	Residence
4.	Flione Number.	DUSINGSS.	Residence
		Fax Number:	E-mail:
5.	Contact Person(s)):	
6.	Address:		
7.	Phone Number:	Business:	Residence:
		Fax Number:	E-mail:
Q	State reasons for	the proposed intervention (please be sp	ocific)
0.	State reasons for	the proposed intervention (please be sp	recinc).



PAGE 2 OF 2

a) Do you intend	Yes	No
(i) to appear throughout the hearing:	103	140
(ii) to participate in the production of evidence:		
(iii) to participate in the testing of evidence:		
(iv) to present final argument:		
(iv) to procent intal argument.		
b) Do you intend to call witnesses:	Yes	No
c) If yes to No. 9b), please provide witness':		
(i) Name:		
(ii) Address:		
(iii) Qualifications:		
(iv) Subject of submission (please note date for filing submission):		
(it) Casjour of Gastinicatori (produce flore date for fining castinicatori).		
10. Will you be applying for costs under Board Order No. 163/87:	Yes	No
To the years applying for each and a search from the form		
If yes: Refer to Section 43 of Rules of Practice and Procedure.		
If yes: Refer to Section 43 of Rules of Practice and Procedure. Provide detailed budget as per the attached Appendix II.		
If yes: Refer to Section 43 of Rules of Practice and Procedure. Provide detailed budget as per the attached Appendix II.		

Department of Finance The Public Utilities Board 400 - 330 Portage



"APPENDIX II"

INTERVENER BUDGET AND COST SUMMARY SHEET

To be used to prepare a budget for the Intervener Request Form, Item 10, and to make a claim for an Award of Costs.

PAGE 1 OF 2

Prepared by:			Date:
Hearing:			
<u> </u>			
Period Covered:			
i ellou Coveleu.			
Intervener's Name			
Contact Person or	Persons:		
Address:			
Phone Number:	Business:	Residenc	e:
	Fax Number:	E-mail:	
		1	

See Costs on Page 2.



FEES – to be completed for legal counsel or experts

PAGE 2 OF 2

				COSTS
PREPARATION:	Hours	Days	Rate	
APPEARANCE:	Hours	Days	Rate	
ARGUMENT & REPLY	Hours	Days	Rate	
FEES TOTAL				

DISBURSEMENTS

					COSTS
TRAVEL (AUTO)	Kilometro	es		Rates	
TRAVEL (OTHER)					
ACCOMMODATION	Nights			Rates	
MEALS	Number	r			
MISCELLANEOUS	Taxis	Telep	hone	Supplies	
DISBURSEMENTS TOTAL					

TOTAL FEES AND DISBURSEMENTS

NOTE: Receipts must be attached for all disbursements.