

9. State nature of proposed intervention.		
a) Do you intend	Yes	No
(i) to appear throughout the hearing:	<input type="checkbox"/>	<input type="checkbox"/>
(ii) to participate in the production of evidence:	<input type="checkbox"/>	<input type="checkbox"/>
(iii) to participate in the testing of evidence:	<input type="checkbox"/>	<input type="checkbox"/>
(iv) to present final argument:	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you intend to call witnesses:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
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):		
10. Will you be applying for costs under Board Order No. 163/87:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Refer to Section 43 of Rules of Practice and Procedure. Provide detailed budget as per the attached Appendix II.		
11. Comments and other information:		

“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:		
Period Covered:		
Intervener's Name:		
Contact Person or Persons:		
Address:		
Phone Number:	Business:	Residence:
	Fax Number:	E-mail:

See Costs on Page 2.

FEES – to be completed for legal counsel or experts

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

DISBURSEMENTS

				COSTS
TRAVEL (AUTO)	Kms		Rates	
TRAVEL (OTHER)				
ACCOMMODATION	Nights		Rates	
MEALS	Number			
MISCELLANEOUS	Taxis	Telephone	Supplies	
DISBURSEMENTS TOTAL				

TOTAL FEES AND DISBURSEMENTS	
-------------------------------------	--

NOTE: Receipts must be attached for all disbursements.