"APPENDIX I"

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INTERVENER REQUEST FORM

1. Application Re Hearing:					
Manitoba Hydro 2017/18 &2018/19 Genberal Rate Application					
2. Name of Requesting Party:					
Dr. John A . Gray					
3. Address of Requesting Party:					
636 Greirson Ave. Winnipeg MB R3T 2S4					
4. Phone Number:	Business: Residence				
	204-269-1765	204-269-1765			
	Fax Number:	E-mail:			
		john.gray@mts.net			
5. Contact Person(s)	1				
John A. Gray					
6. Address:					
636 Grierson Ave. Wi	nnipeg MB R3T2S4				
7. Phone Number:	Business:	Residence:			
	204-269-1765	204-269-1765			
*	Fax Number:	E-mail:			
		john.gray@mts.net			
8. State reasons for	the proposed intervention (please be sp	ecific).			
8. State reasons for the proposed intervention (please be specific). To raise concerns about the disproportionate impact of the proposed rate increses on those rural and urban residential customers who heat their residences by electricity. Some urban customers have chosen electricity for heating for environmental or other reasons, but many rural customers may not have alternatives. To avoid the disproportionate impact of the proposed rate increases on customes heating by electricity, it is proposed that Hydro be reaquired to provide a seperate rate structure for electical heating customers. It could be paterned on the rate structure for smaller comercial customers.					

	9. State nature of proposed intervention.						
a) Do you intend							
a) Do you intend (i) to appear throughout the hearing:							
(ii)	to participate in the production of evidence:						
(iii)							
(iv)							
			Yes	No			
b) Do you intend to call witnesses:							
-> 16 4	- No Ob) wlassa was	side with each					
	o No. 9b), please pro Name:	Dr. John A. Gray					
(i) (ii)	Address:	636 Grierson Ave. Winnipeg, MB R3T 2S4	-,t				
(iii)	Qualifications:	Economist expert in public finance economis and in Environmental E	Economi	cs			
(iv)		ssion (please note date for filing submission):					
	Casjout of Casimic	polon (product note date to mining dust median).					
			1 1/				
10. Will you be	applying for costs un	der Board Order No. 163/87:	Yes	No			
Į.			-	~			
If you: Do	for to Section 12 of D	ulos of Practice and Procedure		×			
		ules of Practice and Procedure.		×			
		ules of Practice and Procedure. as per the attached Appendix II.		×			
Pro	ovide detailed budget	as per the attached Appendix II.		X			
Pro		as per the attached Appendix II.		×			
Pro	ovide detailed budget	as per the attached Appendix II.		×			
Pro	ovide detailed budget	as per the attached Appendix II.		L ×			
Pro	ovide detailed budget	as per the attached Appendix II.		×			
Pro	ovide detailed budget	as per the attached Appendix II.		×			
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Pro	ovide detailed budget	as per the attached Appendix II.		×			
Pro	ovide detailed budget	as per the attached Appendix II.		X			
Pro	ovide detailed budget	as per the attached Appendix II.		X			
Pro	ovide detailed budget	as per the attached Appendix II.		X			
Pro	ovide detailed budget	as per the attached Appendix II.		X			

"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.

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Prepared by:			Date:	
Joh n A. Gray			June 5, 2017	
Hearing:				
Period Covered:				
Intervener's Name	•	A		
Contact Person or	Contact Person or Persons:			
Address:				
			;	
Phone Number:	Business:	Residenc	e:	
	Fax Number:	E-mail:		

See Costs on Page 2.

FEES – to be completed for legal counsel or experts

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				COSTS
PREPARATION:	Hours	Days	Rate	0.00
APPEARANCE:	Hours	Days	Rate	0.00
ARGUMENT & REPLY	Hours	Days	Rate	0.00
FEES TOTAL	Hours 0.00	Days 0		\$0.00

DISBURSEMENTS

	-				COSTS
TRAVEL (AUTO)	Kms		Rates		0.00
TRAVEL (OTHER)					0.00
ACCOMMODATION	Nights		Rates		0.00
MEALS	Number				0.00
MISCELLANEOUS	Taxis	Telephone Supplie		Supplies	0.00
DISBURSEMENTS TOTAL					\$0.00

TOTAL FEES AND DISBURSEMENTS	\$0.00

NOTE: Receipts must be attached for all disbursements.