

INTERVENER APPLICATION FORM

Application re Hearing:			
Name of Prospective Intervener (Organization Name or Individual):			
Prospective Intervener Contact Information			
Organization or Individual Address:			
Organization Contact Person(s) (if applicable):			
Contact Information:	Business:		Other Phone:
	Fax Number:		Email:
Representative Contact Information:			
Counsel or Representative Name(s):			
Organization (if different from above) :			
Address (if different from above):			
Contact Information (if different from above):	Business:		Other Phone:
	Fax Number:		Email:
Counsel Seniority:			
Years of Experience	_____ Years	Tariff Rate	\$ _____
Also representing (if applicable):			

Additional Information

(For organizations only) Please describe the mandate of your organization and provide a description of the membership, including the number of members. Please also confirm whether the organization's intervention in this proceeding is supported by a resolution of the governing body, if any. Please enclose the resolution, if any, with your Application, along with supporting documentation of your mandate and membership

Please state your reasons for intervening in this proceeding:

Please state how you are directly affected by the Board's decision in this matter:

Please explain whether and how you represent a substantial number of ratepayers that are otherwise not represented on issues that are within the scope of this proceeding:

Please describe your experience, information, or expertise relevant to this matter that would contribute to the Board's decision making, including any other prior interventions in regulatory matters before this Board or other decision-makers:

Please list the key issues you intend to address in the proceeding. Please be specific.		
Do you intend to participate fully and actively, including attendance at hearings, submission of evidence, and testing of evidence and cross examination of witnesses? If yes, please describe your intended participation.		
Do you intend to request an award of costs for your participation? Please explain how you meet the criteria for an award of costs.		
Do you intend to retain experts or consultants? If yes, please attach copies of the <i>curriculum vitae</i> for any expert and/or consultant, as well as the following:		
Expert Consultant #1:		
Name:	Experience	Evidence to be provided on issues in scope:
	_____ Years	
Telephone #:	Tariff Rate:	
	\$ _____	
Address and Email:	Firm or Organization:	Brief explanation of experience relevant to evidence to be provided:

Expert Consultant #2:		
Name:	Experience:	Evidence to be provided on issues in scope:
	_____ Years	
Telephone #:	Tariff Rate:	
	\$ _____	
Address and Email:	Firm or organization:	Brief explanation of experience relevant to evidence to be provided:
Expert Consultant #3:		
Name:	Years of Experience:	Evidence to be provided on issues in scope:
	_____ Years	
Telephone #:	Tariff Rate:	
	\$ _____	
Address and Email:	Firm or organization:	Brief explanation of experience relevant to evidence to be provided:

Do you intend to provide evidence from witnesses other than experts and/or consultants? If yes, please provide:	
Witness #1:	
Name:	Evidence to be provided on issues in scope:
Email:	Brief explanation of relevant experience and/or knowledge to issues in scope:
Address and Phone number:	
Do you intent to seek approval for any other form of participation or provision of evidence, including for which you intend to seek an award of costs? If yes, please provide details and an explanation of the relation to issues in scope in the proceeding.	