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The Public Utilities Board  
 400 - 330 Portage Ave  
 Winnipeg, MB R3C 0C4

**"APPENDIX I"**

**INTERVENER REQUEST FORM**

1. Application Re Hearing: Centra Gas Manitoba Inc. -2015/16 Cost of Gas Application		
2. Name of Requesting Party: Just Energy Manitoba L.P.		
3. Address of Requesting Party: 6345 Dixie Road, Suite 200, Mississauga, ON L5T 2E6		
4. Phone Number:	Business: 403-462-4299	Residence:
	Fax Number: 905-564-6069	E-mail: nruzycki@justenergy.com
5. Contact Person(s): Nola Ruzycki		
6. Address: same as above		
7. Phone Number:	Business: same as above	Residence:
	Fax Number: same as above	E-mail: same as above
8. State reasons for the proposed intervention (please be specific).		
<p>Just Energy Manitoba L.P. (JEMPLP) is an active retailer of natural gas with affiliates that operate in Manitoba and through out Canada and the United States. As a result, issues set out in this proceeding are directly relevant to JEMPLP.</p>		

**THE PUBLIC UTILITIES BOARD OF MANITOBA**  
**JUL 06 2015**

<b>9. State nature of proposed intervention.</b>		
<b>a) Do you intend</b>	<b>Yes</b>	<b>No</b>
(i) to appear throughout the hearing:		<b>X</b>
(ii) to participate in the production of evidence:		<b>x</b>
(iii) to participate in the testing of evidence:		<b>x</b>
(iv) to present final argument:	<b>x</b>	
<b>b) Do you intend to call witnesses:</b>		
	<b>Yes</b>	<b>No</b>
		<b>x</b>
<b>c) If yes to No. 9b), please provide witness':</b>		
(i) Name:		
(ii) Address:		
(iii) Qualifications:		
(iv) Subject of submission (please note date for filing submission):		
All areas pertaining to Centra Gas Manitoba Inc. Transportation & Storage Portfolio Application		
<b>10. Will you be applying for costs:</b>		
	<b>Yes</b>	<b>No</b>
		<b>x</b>
If yes: Refer to Section 43 of Rules of Practice and Procedure. Provide detailed budget as per the attached Appendix II.		
<b>11. Comments and other information:</b>		
N/A		

**"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: N/A		Date:
Hearing: N/A		
Period Covered: N/A		
Intervener's Name: N/A		
Contact Person or Persons: Nola Ruzycski		
Address:		
Phone Number:	Business: same as above	Residence:
	Fax Number: same as above	E-mail: same as above

See Costs on Page 2.

**FEES – to be completed for legal counsel or experts**

PAGE 2 OF 2

				<b>COSTS</b>
<b>PREPARATION:</b>	Hours	Days	Rate	
<b>APPEARANCE:</b>	Hours	Days	Rate	
<b>ARGUMENT &amp; REPLY</b>	Hours	Days	Rate	
<b>FEES TOTAL</b>	Hours	Days		

**DISBURSEMENTS**

				<b>COSTS</b>
<b>TRAVEL (AUTO)</b>	Kms		Rates	
<b>TRAVEL (OTHER)</b>				
<b>ACCOMMODATION</b>	Nights		Rates	
<b>MEALS</b>	Number			
<b>MISCELLANEOUS</b>	Taxis	Telephone	Supplies	
<b>DISBURSEMENTS TOTAL (Note 1)</b>				

<b>TOTAL FEES AND DISBURSEMENTS (Note 2)</b>	
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- NOTES:**
1. Receipts must be attached for all disbursements.
  2. Must include all applicable taxes.