

February 5, 2016

Suite 2670, 360 Main Street
Winnipeg, Manitoba R3C 3Z3
P 204 943.6740
F 204 943.3934
E lawyers@hillco.mb.ca
hillco.mb.ca

VIA EMAIL

Public Utilities Board of Manitoba
400 – 330 Portage Avenue
Winnipeg, MB R3C 0C4

Attention: Darren Christle

Dear Sir:

**Re: Intervener Request Form: General Service Small Customers and
General Service Medium Customers Classes
Manitoba Hydro's Cost of Service Study Methodology Review
Our File: 16025**

Please find enclosed the Intervener Request Form for the above noted customer classes.

Please feel free to contact the undersigned should you have any questions.

Yours truly,

HILL SOKALSKI WALSH OLSON LLP

Per: 

Christian Monnin*

CM/jm

Encl.

** services provided by Christian Monnin Law Corporation*

Dave Hill
Bob Sokalski
Sherri Walsh
Derek M. Olson
Christian Monnin
Kevin D. Toyne
Michael J. Weinstein
Rohith Mascarenhas
Jennifer L. Gaba
Brett A. Steidl
Mark G. Reid
(Articling Student)
Danielle R. Burke
(Articling Student)

Counsel:

Hon. Peter S.
Morse, Q.C. (Retired)

Hon. Richard J.
Scott, O.C., O.M., Q.C.

“APPENDIX I”

INTERVENER REQUEST FORM

1. Application Re Hearing:		
Manitoba Hydro Cost of Service Study Methodology Review		
2. Name of Requesting Party:		
General Service Small Customers and General Service Medium Customers Classes		
3. Address of Requesting Party:		
2670 - 360 Main Street, Winnipeg, Manitoba, R3C 3Z3		
4. Phone Number:	Business:	Residence:
	204-954-0758	
	Fax Number:	E-mail:
	204-943-3934	cmonnin@hillco.mb.ca
5. Contact Person(s):		
Christian Monnin		
6. Address:		
Hill Sokalski Walsh Olson LLP, 2670 - 360 Main Street, Winnipeg, Manitoba, R3C 3Z3		
7. Phone Number:	Business:	Residence:
	204-954-0758	
	Fax Number:	E-mail:
	204-943-3934	cmonnin@hillco.mb.ca
8. State reasons for the proposed intervention (please be specific).		
<p>To assist the Board in understanding the views and positions of Manitoba Hydro's General Service Small Customers and General Service Medium Customers in respect of the Application and related matters.</p>		



9. State nature of proposed intervention.		
a) Do you intend	Yes	No
(i) to appear throughout the hearing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) to participate in the production of evidence:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(iii) to participate in the testing of evidence:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(iv) to present final argument:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Do you intend to call witnesses:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) If yes to No. 9b), please provide witness':		
(i) Name:	To be confirmed	
(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:	<input checked="" 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 0.00	Days 0		\$0.00

DISBURSEMENTS

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

TOTAL FEES AND DISBURSEMENTS	\$0.00
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NOTE: Receipts must be attached for all disbursements.