

“APPENDIX I”

INTERVENER REQUEST FORM

1. Application Re Hearing:		
RAYMOND P. OAKES		
2. Name of Requesting Party:		
COALITION OF MANITOBA MOTORCYCLE GROUPS INC. (CMMG)		
3. Address of Requesting Party:		
C/O 387 BROADWAY, WINNIPEG, MB R3C 0V5		
4. Phone Number:	Business:	Residence:
	204-957-1717	
	Fax Number:	E-mail:
	204-949-9232	roakes@boothdennehy.com
5. Contact Person(s):		
RAYMOND P. OAKES		
6. Address:		
SAME AS ABOVE		
7. Phone Number:	Business:	Residence:
	Fax Number:	E-mail:
8. State reasons for the proposed intervention (please be specific).		
<p>TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE, AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.</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:	Yes	No
	<input type="checkbox"/>	<input checked="" 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 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:
RAYMOND P. OAKES		JUNE 11, 2015
Hearing:		
2016/17 RATE APPLICATION		
Period Covered:		
Intervener's Name:		
COALITION OF MANITOBA MOTORCYCLE GROUPS INC. (CMMG)		
Contact Person or Persons:		
RAYMOND P. OAKES		
Address:		
387 BROADWAY, WINNIPEG, MB R3C 0V5		
Phone Number:	Business:	Residence:
	204-957-1717	
Fax Number:	Fax Number:	E-mail:
	204-949-9232	roakes@boothdennehy.com

See Costs on Page 2.

FEES – to be completed for legal counsel or experts

				COSTS
PREPARATION:	Hours 80.00	Days 	Rate 217.00	17,360.00
APPEARANCE:	Hours 40.00	Days 	Rate 217.00	8,680.00
ARGUMENT & REPLY	Hours 8.00	Days 	Rate 217.00	1,736.00
FEES TOTAL	Hours 128.00	Days 0		\$27,776.00

DISBURSEMENTS

				COSTS
TRAVEL (AUTO)	Kms 	Rates 		
TRAVEL (OTHER)	/			
ACCOMMODATION	Nights 	Rates 		
MEALS	Number 	/		
MISCELLANEOUS	Taxis 	Telephone 	Supplies 	500.00
DISBURSEMENTS TOTAL				\$500.00

TOTAL FEES AND DISBURSEMENTS	\$28,276.00
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NOTE: Receipts must be attached for all disbursements.

GST \$1,413.80
RST \$2,222.08

TOTAL: \$31,911.88