

"APPENDIX I"

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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).		
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.		

9. State nature of proposed intervention.

a) Do you intend

(i) to appear throughout the hearing:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

(ii) to participate in the production of evidence:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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(iii) to participate in the testing of evidence:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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(iv) to present final argument:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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.

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Prepared by:		Date:
RAYMOND P. OAKES		JUNE 20, 2016
Hearing:		
2017/18 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:	E-mail:
	204-949-9232	roakes@boothdennehy.com

See Costs on Page 2.

FEES – to be completed for legal counsel or experts

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				COSTS
PREPARATION:	Hours 93.00	Days	Rate 217.00	20,181.00
APPEARANCE:	Hours 29.50	Days	Rate 217.00	6,401.50
ARGUMENT & REPLY	Hours 8.50	Days	Rate 217.00	1,844.50
FEES TOTAL	Hours 131.00	Days 0		\$28,427.00

DISBURSEMENTS

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

TOTAL FEES AND DISBURSEMENTS	\$28,927.00
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NOTE: Receipts must be attached for all disbursements.

GST \$1,446.35
RST \$2,274.16

TOTAL: \$32,647.51