

MAY 17 2017

"APPENDIX I"

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**INTERVENER REQUEST FORM**

1. Application Re Hearing: MANITOBA HYDRO APPLICATION		
2. Name of Requesting Party: GERALD FINKLE		
3. Address of Requesting Party: 608 INKSTER BLVD, WINNIPEG, MB R2W 0L2		
4. Phone Number:	Business:	Residence
		(204) 586-3497
	Fax Number:	E-mail:
5. Contact Person(s): GERALD FINKLE		
6. Address: 608 INKSTER BLVD, WINNIPEG, MB R2W 0L2		
7. Phone Number:	Business:	Residence:
		(204) 586-3497
	Fax Number:	E-mail:
8. State reasons for the proposed intervention (please be specific).		
<p>TO MAKE SURE MANITOBA HYDRO IS PROPERLY RUN IN A BUSINESS-LIKE MANNER. AND TO THOROUGHLY SCRUTINIZE ALL DATA. I BELIEVE I AM STILL IN THE TOP 5 REASONS IN MANITOBA, WHEN IT COMES TO ENERGY, ENERGY REGULATION, ENERGY <del>POLICY</del> POLICY AND THE ENERGY BUSINESS (COMBATE ON CROWN)</p>		



9. State nature of proposed intervention.		
a) Do you intend	Yes	No
(i) to appear throughout the hearing:	<input type="checkbox"/>	<input type="checkbox"/>
(ii) to participate in the production of evidence:	<input type="checkbox"/>	<input type="checkbox"/>
(iii) to participate in the testing of evidence:	<input type="checkbox"/>	<input type="checkbox"/>
(iv) to present final argument:	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you intend to call witnesses:	Yes	No
	<input type="checkbox"/>	<input 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 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:
Hearing:		
Period Covered:		
Intervener's Name:		
Contact Person or Persons:		
Address:		
Phone Number:	Business:	Residence:
Phone Number:	Fax Number:	E-mail:

See Costs on Page 2.

NONE REQUESTED

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

				<b>COSTS</b>
PREPARATION:	Hours	Days	Rate	
APPEARANCE:	Hours	Days	Rate	
ARGUMENT & REPLY	Hours	Days	Rate	
<b>FEES TOTAL</b>	Hours 0.00	Days 0		\$0.00

**DISBURSEMENTS**

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

<b>TOTAL FEES AND DISBURSEMENTS</b>	\$0.00
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**NOTE:** Receipts must be attached for all disbursements.