



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.

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**

				<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</b>				

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