"APPENDIX I"

PAGE 1 OF 2

INTERVENER REQUEST FORM

1. Application Re Hearing:					
2. Name of Request	ing Party:				
3. Address of Reque	esting Party:				
4. Phone Number:	Business:	Residence			
	Fax Number:	E-mail:			
5. Contact Person(s)):				
6. Address:					
7 Dhana Niveshaw	Ducingen	Desidence			
7. Phone Number:	Business:	Residence:			
	For Number	E moile			
	Fax Number:	E-mail:			
9 State recence for	the proposed intervention (places he en	vacifia)			
8. State reasons for the proposed intervention (please be specific).					

Page 27 of 30 Rules of Practice and Procedure



PAGE 2 OF 2

9. State nature of proposed intervention.		
	Yes	No
a) Do you intend		
(i) to appear throughout the hearing:		
(ii) to participate in the production of evidence:		
(iii) to participate in the testing of evidence:		
(iv) to present final argument:		
b) Do you intend to call witnesses:	Yes	No
c) If yes to No. 9b), please provide witness':		
(i) Name:		
(i) Address:		
(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
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:		

Page 28 of 30 Rules of Practice and Procedure



"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	Contact Person or Persons:					
Address:						
Phone Number:	Business:	Residence:				
	Fax Number:	E-mail:				

See Costs on Page 2.

Page 29 of 30 Rules of Practice and Procedure



FEES – to be completed for legal counsel or experts

PAGE 2 OF 2

				COSTS
PREPARATION:	Hours	Days	Rate	
APPEARANCE:	Hours	Days	Rate	
ARGUMENT & REPLY	Hours	Days	Rate	
FEES TOTAL	Hours	Days		

DISBURSEMENTS

					COSTS
TRAVEL (AUTO)	Kms		Rates		
TRAVEL (OTHER)					
ACCOMMODATION	Nights		Rates		
MEALS	Number				
MISCELLANEOUS	Taxis Telep		hone	Supplies	
DISBURSEMENTS TOTAL					

TOTAL FEES AND DISBURSEMENTS

NOTE: Receipts must be attached for all disbursements.

Page 30 of 30 Rules of Practice and Procedure

