

“APPENDIX I”

INTERVENER REQUEST FORM

| | | |
|--|-------------|------------|
| 1. Application Re Hearing: | | |
| | | |
| 2. Name of Requesting Party: | | |
| | | |
| 3. Address of Requesting Party: | | |
| | | |
| 4. Phone Number: | Business: | Residence |
| | | |
| | Fax Number: | E-mail: |
| | | |
| 5. Contact Person(s): | | |
| | | |
| 6. Address: | | |
| | | |
| 7. Phone Number: | Business: | Residence: |
| | | |
| | Fax Number: | E-mail: |
| | | |
| 8. State reasons for the proposed intervention (please be specific). | | |
| | | |

| | | |
|---|--------------------------|--------------------------|
| 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

| | | | | 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 | Telephone | Supplies | |
| DISBURSEMENTS TOTAL | | | | |

| | |
|-------------------------------------|--|
| TOTAL FEES AND DISBURSEMENTS | |
|-------------------------------------|--|

NOTE: Receipts must be attached for all disbursements.