

Control Number: 41606



Item Number: 648

Addendum StartPage: 0

Request to Intervene in PUC Docket No. 41606

| The following information must be submitted by the person requesting to intervene in this proceeding. This completed form will be provided to all parties in this docket. <u>If you DO NOT want to be an intervenor, but</u> |
|--|
| still want to file comments, please complete the "Comments" page. |
| The following information must be submitted by the person requesting to intervene in this proceeding. This completed form will be provided to all parties in this docket. If you DO NOT want to be an intervenor, but still want to file comments, please complete the "Comments" page. Mail this completed form and 10 copies to: Public Utility Commission of Texas Central Records Attn: Filing Clerk 1701 N. Congress Ave. P.O. Box 13326 Austin, TX 78711-3326 |
| Public Utility Commission of Texas |
| Central Records |
| Attn: Filing Clerk |
| 1701 N. Congress Ave. |
| P.O. Box 13326 Austin, TX 78711-3326 |
| Austii, 1X /8/11-3320 |
| 11 |
| First Name: MCLEXV |
| Phone Number: 956 702-0079 Fax Number: 956 702-0079 |
| First Name: |
| |
| I am requesting to intervene in this proceeding. As an INTERVENOR, I understand the following: |
| I am a party to the case; |
| I am required to respond to all discovery requests from other parties in the case; |
| If I file testimony, I may be cross-examined in the hearing; |
| If I file any documents in the case, I will have to provide a copy of that document to every other party in the case; and |
| I acknowledge that I am bound by the Procedural Rules of the Public Utility Commission of Texas (PUC) and the State Office of Administrative Hearings (SOAH). |
| Please Check one of the following: |
| I own property with a habitable structure located near one or more of the utility's proposed routes for a transmission line. |
| One or more of the utility's proposed routes would cross my property. |
| Other. Please describe and provide comments. You may attach a separate page, if necessary. |
| |
| |
| |
| |
| |
| Signature of person requesting intervention: |
| MI O MY |
| M fem Date: 8-2-2013 |
| |

Effective: January 1, 2003

648