

Control Number: 42860



Item Number: 3

Addendum StartPage: 0

Katha Anderson

From:	Monica Luna <monica.luna@soah.state.tx.us></monica.luna@soah.state.tx.us>
Sent:	Wednesday, November 20, 2013 11:00 AM
То:	Katha Anderson
Cc:	Melissa Riley; Bill Newchurch; Rebecca Plunkett
Subject:	CONFIRMATION

SETTINGS OF HEARING(S)

SETTINGS OF HEARING(S)					
At your request, the following hearing(s) have been set:					
Docket <u>Number</u>	Case	Date	Time/Duration		
582-14-1052 2013-1735-UCR	DOUGLAS UTILITY CO.	1/23/14	10:00AM / 1 DAY	CLCHII 15S	
<u>Hearing Location</u> State Office of Administrative Hearing					

Hearing Location State Office of Administrative Hearing The Preserve at North Loop 2020 N. Loop West, Suite 111 Houston, TX 77018

All parties will be notified in the event of a change of location of the hearing.

Please remember that you are responsible for providing the court reporter as required by your agency.

If you have any questions regarding any of the information herein, please contact me.

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	Revised - 06/09/09) FOR SOAH USE ONLY		
Date complete request received by SOAH:	Proceeding date set by SOAH:	(req.frm SOAH Docket Number& type of case:	
RE	QUEST TO DOCKET CASE (P	lease type or print)	
	PLEASE CHECK ACTION RE		
X SETTING OF HEARING	ASSIGNMENT OF ALJ * 🗌 ALTER	NATIVE DISPUTE RESOLUTION (ADR)/MEDIATON* AGENCY'S	
REFERRING AGENCY NAME: TCEQ	AGEN	CY NO.: FILE/CASE NO.: 2013-1735-UCR	
NAME/STYLE OF THE CASE: DOUGLAS UT	ILITY COMPANY		
DATE APPLICATION FILED AT AGENCY:	DOCKE	T NO. SUFFIX, if applicable: UCR	
PROCEEDING DATE(S) REQUESTED (Include ra	nge of dates if possible): JANUAF	RY 23, 2014 OR JANUARY 28, 2014	
EXPECTED NUMBER OF HOURS (If less than a d	ay) OR DAYS NEEDED FOR PROCE	EDING: HOURS DAYS	
		CLAIM (Gov't.Code 2260) OTHER	
SPECIAL NEEDS OR ACCOMMODATIONS: STA	AFF REQUEST LOCAL HEARI	NG IN HARRIS COUNTY, TEXAS, SEATING FOR 10	
IF ADR REQUESTED PLEASE DESCRIBE PROCI		ГАС 155.43(g))	
CASE FILE and/or HEARING IS CONFIDE	ENTIAL (Specify applicable statute): _		
NAME OF INDIVIDUAL SENDING REQUEST FOR	M: KATHA ANDERSON PH	HONE NO : 230 3316 EAV NO : 230 2214	
		FAX NO., 239-3310 FAX NO., 239-3311	
	PARTIES AND REPRESE		
PARTY REPRESENTED BY: SELF ATTOR	RNEY PARTY		
OTHER, If so, relationship: REPRESENTATIVE'S NAME: BRIAN MACLEC	RNEY PARTY		
OTHER, If so, relationship: REPRESENTATIVE'S NAME: BRIAN MACLEC PARTY'S NAME:	RNEY PARTY	NTATIVES REPRESENTED BY: SELF ATTORNEY IER, If so, relationship:	
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☐ OTHER, If so, relationship: REPRESENTATIVE'S NAME: BRIAN MACLEC PARTY'S NAME: ADDRESS: PHONE No : (512) 239-0750	RNEY PARTY	NTATIVES REPRESENTED BY: SELF ATTORNEY HER, If so, relationship: SENTATIVE'S NAME: S NAME: SS:	
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OTHER, If so, relationship: REPRESENTATIVE'S NAME: BRIAN MACLEO PARTY'S NAME: ADDRESS: PHONE No : (512) 239-0750 (Direct Phone Number Please) Email Address: brian.macleod@tceq.texas.gov	RNEY PARTY	NTATIVES REPRESENTED BY: SELF ATTORNEY HER, If so, relationship: SENTATIVE'S NAME: S NAME: SS: No.: Phone Number Please) ddress:	
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OTHER, If so, relationship: REPRESENTATIVE'S NAME: BRIAN MACLEC PARTY'S NAME: ADDRESS: PHONE No : (512) 239-0750 (Direct Phone Number Please) Email Address: brian.macleod@tceq.texas.gov FAX No.: PLEASE LIST ADDITIONAL END TO: STATE OFFICE OF ADMINIS ATTN.: Deputy Clerk William P. Clements Building 300 West 15th Street, Suite 5 Austin, Texas 78701 *PLEASE FORWARD A COPY OF THE AP	RNEY PARTY PARTY OTH OTH OTH OTH REPRES PARTY: ADDRES OTH	NTATIVES REPRESENTED BY: SELF ATTORNEY HER, If so, relationship: SENTATIVE'S NAME: SNAME: SNAME: SS: No.: Phone Number Please) ddress: : NTATIVES ON EXTRA FORM PROVIDED. Post Office Box 13025 Austin, Texas 78711-3025 Docketing Phone No. (512) 475-3445	

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Katha Anderson

From: Sent: To: Subject: Attachments: Katha Anderson Tuesday, November 19, 2013 3:45 PM 'docketing@soah.state.tx.us' 2013-1735-UCR dkt request 2013-1735-UCR Referral.pdf; 2013-1735-UCR dkt request.doc