



Control Number: 42864



Item Number: 2

Addendum StartPage: 0

(Revised - 06/09/09)

FOR SOAH USE ONLY

(req. frm)

Date complete request received by SOAH:

Proceeding date set by SOAH:

SOAH Docket Number& type of case:

REQUEST TO DOCKET CASE (Please type or print)

PLEASE CHECK ACTION REQUESTED:**

☒ **SETTING OF HEARING**

☐ **ASSIGNMENT OF ALJ ***

☐ **ALTERNATIVE DISPUTE RESOLUTION (ADR)/MEDIATION**

REFERRING AGENCY NAME: TCEQ

AGENCY NO.: _____

AGENCY'S
FILE/CASE NO.: 2014-0631-UCR

NAME/STYLE OF THE CASE: ENCHANTED HARBOR UTILITY

DATE APPLICATION FILED AT AGENCY: _____

DOCKET NO. SUFFIX, if applicable: UCR

PROCEEDING DATE(S) REQUESTED (Include range of dates if possible): JULY 28, 2014

EXPECTED NUMBER OF HOURS (If less than a day) OR DAYS NEEDED FOR PROCEEDING: _____ HOURS 1 DAYS

☐ **ADMIN. FINE**

☐ **GRIEVANCE**

☐ **ENFORCEMENT**

☐ **CONTRACT CLAIM (Gov't Code 2260)**

☐ **OTHER** _____

SPECIAL NEEDS OR ACCOMMODATIONS: HEARING IN AUSTIN, SEATING FOR 10 PEOPLE

IF ADR REQUESTED PLEASE DESCRIBE PROCESS NEEDED: _____

☐ **PREHEARING CONFERENCE REQUESTED** ☐ **INTERPRETER NEEDED(See 1 TAC 155.43(g))**

☐ **CASE FILE** and/or ☐ **HEARING IS CONFIDENTIAL (Specify applicable statute):** _____

NAME OF INDIVIDUAL SENDING REQUEST FORM: KATHA ANDERSON

PHONE NO.: 239-3316

FAX NO.: 239-3311

PARTIES AND REPRESENTATIVES

PARTY REPRESENTED BY: ☐ **SELF** ☐ **ATTORNEY**

☐ **OTHER, If so, relationship:** _____

REPRESENTATIVE'S NAME: DOUG BROWN

PARTY'S NAME: _____

ADDRESS: _____

PHONE No.: (512) 239-2253
(Direct Phone Number Please)

Email Address: douglas.brown@tceq.texas.gov

FAX No.: _____

PARTY REPRESENTED BY: ☐ **SELF** ☐ **ATTORNEY**

☐ **OTHER, If so, relationship:** _____

REPRESENTATIVE'S NAME: _____

PARTY'S NAME: _____

ADDRESS: _____

PHONE No.: _____
(Direct Phone Number Please)

Email Address: _____

FAX No.: _____

PLEASE LIST ADDITIONAL PARTIES AND/OR REPRESENTATIVES ON EXTRA FORM PROVIDED.

SEND TO:

STATE OFFICE OF ADMINISTRATIVE HEARINGS
ATTN.: Deputy Clerk
William P. Clements Building
300 West 15th Street, Suite 504
Austin, Texas 78701

OR

Post Office Box 13025
Austin, Texas 78711-3025
Docketing Phone No. (512) 475-3445
Fax No. (512) 475-4994

***PLEASE FORWARD A COPY OF THE APPLICATION, APPEAL, OR COMPLAINT WITH THIS REQUEST FORM, AS WELL AS ANY OTHER PLEADING FILED IN THE CASE TO DATE IF REQUESTING ASSIGNMENT OF ALJ or ALTERNATIVE DISPUTE RESOLUTION (ADR)/MEDIATION. A COPY OF THE NOTICE OF PROCEEDING MUST BE FORWARDED TO SOAH AT THE SAME TIME IT IS MAILED TO THE PARTIES.**