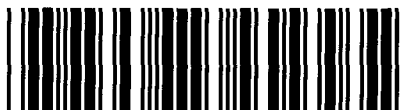




Control Number: 46404



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Addendum StartPage: 0

42862

(Revised - 06/09/09)			<b>FOR SOAH USE ONLY</b>			(req.fr)		
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.: \_\_\_\_\_ FILE/CASE NO.: 2013-0926-UCR

NAME/STYLE OF THE CASE: TOWN OF WOODLOCH

DATE APPLICATION FILED AT AGENCY: \_\_\_\_\_ DOCKET NO. SUFFIX, if applicable: UCR

PROCEEDING DATE(S) REQUESTED (Include range of dates if possible): AUGUST 20, 2013

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, TEXAS, SEATING FOR 20 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: HOLLIS HENLEY  
PARTY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE No.: (512) 239-0602  
(Direct Phone Number Please)

Email Address: hollis.henley@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.**

8

Katha Anderson

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From: Katha Anderson  
Sent: Friday, June 28, 2013 12:12 PM  
To: docketing@soah.state.tx.us  
Subject: 2013-0926-UCR dkt request.doc  
Attachments: Referral 2013-0926-UCR.pdf; 2013-0926-UCR dkt request.doc