

PREHEARING AND HEARING REQUEST FORM

This form must be filled out completely for Docket Services to process your hearing request. Please coordinate with all known parties before setting the hearing date, time, and method. Please note that due to the high volume of hearings conducted by the Hearings Division, continuance rules will be strictly enforced, see 16 Tex. Admin. Code §1.105.

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Preferred Prehearing Conference Date(s):	Preferred Setting T	ïme: 9:00 a.m. □ 1:30 p.m. □	
Preferred Method of Prehearing Conference : \Box In P	erson 🗌 Video Conferenc	e Time Estimate:	
Preferred Hearing Date(s):			
Preferred Method of Hearing : \square In Person \square Vide	o Conference Time Estima	te:	
(Note: Times and dates will be scheduled subject to availabi	lity. Please contact Docket Ser	vices for available dates.)	
Docket No(s).:	Status/Tracking No(s).:		
Docket Style(s):	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
Matter to be Heard: Prehearing Conference ☐ F	learing on the Merits \Box F	Post-Hearing Conference	
Is this Docket Protested? Yes \square No \square Un	known □		
(If the docket is protested or becomes protested, you will nee Service, at (512) 474-2233 or <u>order@kennedyreporting.com</u> and pay the court reporter's fees for the preparation of the o records and one copy for use by the Hearing Examiners in p	. Note that it is your responsibiling it responsibilities. The Railroa	lity to arrange for the court reporter d Commission of Texas' official	
Have all parties to this docket agreed to the preferred (It is your responsibility to coordinate with all known parties p		earing: Yes □ No □	
If no, then have you made a reasonable effort to confer with setting? Yes $\Box\:$ No $\Box\:$	all known parties about the da	te and time prior to requesting this	
Which party are you representing: Applicant □ Respond	dent □ Protestant □ Complai	inant □ Petitioner □ Intervenor □	
Do you have a Representative or Legal Counsel in this	s matter: Yes 🗌 No 🗌		
(If so, the representative/legal counsel will be required to sub with this form.)	mit a formal written Letter of Re	presentation on company letterhead	
Representative	Contact Information		
Name:			
Business Address:		· · · · · · · · · · · · · · · · · · ·	
City:	State:	Zip:	
Email Address: (OPTIONAL - If provided, an email address will become	nart of this nublic record: So	e Tex Gov't Code 8552 137)	
•	eav No	C 10A. 30V t 000G 3002.131.)	

Contact Information for Other Parties

Party Name:	Party Representative:	
Type of Party: Applicant □ Respondent □ P	Protestant \square Complainant \square Petitioner \square Intervenor \square	
Business Address:		
City:	State: Zip:	
Email Address:	ecome part of this public record; See Tex Gov't Code §552.137.)	
	Fax No:	
Party Name:	Party Representative:	
Type of Party: Applicant \square Respondent \square P	Protestant \square Complainant \square Petitioner \square Intervenor \square	
Business Address:		
City:	State: Zip:	
Email Address:(OPTIONAL - If provided, an email address will be	ecome part of this public record; See Tex. Gov't Code §552.137.)	
Phone No.:	Fax No:	
Party Name:	Party Representative:	
Type of Party: Applicant \Box Respondent \Box P	Protestant \square Complainant \square Petitioner \square Intervenor \square	
Business Address:		
City:	State: Zip:	
Email Address: (OPTIONAL - If provided, an email address will be	ecome part of this public record; See Tex. Gov't Code §552.137.)	
Phone No.:	Fax No:	
Submit <i>ONE COPY</i> of the completed form Commission of Texas.	n by email, mail, facsimile, or hand-delivery to the Railroad	
For USPS:	For all other methods of delivery:	
Railroad Commission of Texas Hearings Division Attention: Docket Services PO Box 12967 Austin, Texas 78711-2967	Railroad Commission of Texas Hearings Division Attention: Docket Services 1701 North Congress Avenue Austin, Texas 78701	

Email: docketservices@rrc.texas.gov

Fax Number: 512-463-6989