

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.

Preferred Prehearing Conference Date(s)	: Prefer	red Setting Time: 9	9:00 a.m. □ 1:30 p.m. □
Preferred Method of Prehearing Conferen	nce: ☐ In Person ☐ Vide	eo Conference Tim	e Estimate:
Preferred Hearing Date(s):	Preferr	ed Setting Time: 9	:00 a.m. □ 1:30 p.m. □
Preferred Method of Hearing : \square In Person			
(Note: Times and dates will be scheduled subjection)	ct to availability. Please conta	act Docket Services fo	or available dates.)
Docket No(s).:	Statu	s/Tracking No(s).: __	
Docket Style(s):			
Matter to be Heard: Prehearing Confere	nce Hearing on the l	Merits ☐ Post-H	earing Conference □
Is this Docket Protested? Yes \square N	lo \square Unknown \square		
(If the docket is protested or becomes protested Service, at (512) 474-2233 or or order@kennedyre and pay the court reporter's fees for the prepara records and one copy for use by the Hearing Ex	eporting.com. Note that it is yation of the original transcript	our responsibility to a for the Railroad Com	rrange for the court reporter mission of Texas' official
Have all parties to this docket agreed to the (It is your responsibility to coordinate with all known			ı: Yes □ No □
If no, then have you made a reasonable effort to setting? Yes \square No \square	o confer with all known partie	s about the date and	time prior to requesting this
Which party are you representing: Applicant	☐ Respondent ☐ Protesta	ant □ Complainant □	Petitioner □ Intervenor □
Do you have a Representative or Legal Co	unsel in this matter: Yes	s □ No □	
(If so, the representative/legal counsel will be rec with this form.)	quired to submit a formal writt	en Letter of Represer	ntation on company letterhead
Name:	esentative Contact Infor	mation	
Business Address:			
City:	Sta	ate:	Zip:
Email Address:	vill become part of this sub-	lic record: See Tay	Gov't Codo SEE2 127 \
	Fax No.	no record, see rex.	Gov (Code 9552.157.)
Phone No:	Fax No.		

Contact Information for Other Parties

Party Name:	Party Representative:	
Type of Party: Applicant □ Respondent □ Pro	testant \square Complainant \square Petitioner \square Intervenor \square	
Business Address:		
City:	State: Zip:	
Email Address: (OPTIONAL - If provided, an email address will become	ome part of this public record; See Tex Gov't Code §552.137.)	
	Fax No:	
Party Name:	Party Representative:	
Type of Party: Applicant □ Respondent □ Pro	testant □ Complainant □ Petitioner □ Intervenor □	
Business Address:		
City:	State: Zip:	
Email Address:	ome part of this public record; See Tex. Gov't Code §552.137.)	
Phone No.:	Fax No:	
Party Name:	Party Representative:	
Type of Party: Applicant □ Respondent □ Pro	testant \square Complainant \square Petitioner \square Intervenor \square	
Business Address:		
City:	State: Zip:	
Email Address: (OPTIONAL - If provided, an email address will become	ome part of this public record; See Tex. Gov't Code §552.137.)	
Phone No.:	Fax No:	
Submit ONE COPY of the completed form to Commission of Texas.	by email, mail, facsimile, or hand-delivery to the Railroa	
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