

Date:

Rule 009 Costs Application Form

Identification and attestation

Company name (if applicable):

Name:	Position:
Phone number:	Email:
I, acting in my position as set out above, have personally reviewed all of the information included and referenced	
in this application and affirm that, to the best	of my knowledge, the following:
 All costs claimed are as a result of par 	ticipation in Proceeding #
All information is correctly stated and	reflects the existing records of the company.
 The costs claimed are reasonable, accord with the scale of costs and all other requirements of Rule 009, 	
and were directly and necessarily relat	ed to participation in the original proceeding.
The accounts of the participant's lawyer	er(s), consultant(s) and witness(es) are accurate and represent work
performed (and disbursements incurre	d) at the specific request of the costs applicant.
The information in the cost application	is complete and consistent with the Commission's requirements
and is not false or misleading in all ma	terial respects.
Yes No	
I acknowledge that this document and all supp	porting documents will be placed on the public record and will be
accessible on the AUC's eFiling System: Yes	No
Part A: Original proceeding	j information, type of participation and eligibility
Costs for participation in Proceeding #:	
Proceeding title from eFiling System:	

Total budget amount: \$ in Exhibit #:

Type of participation: Local intervener

Standing or right to participate granted in Exhibit #:

Local intervener:

Representation:

Advance funding amount awarded: \$ in AUC ruling, Exhibit #:

Other participant

Name of group (if applicable):

Name of representative (if applicable):

Part B: Participation details

Please briefly summarize the expertise you brought and how that expertise assisted the Commission in determining the issues raised in the proceeding:

Did your participation include the following? Please check all applicable process steps:

Forming a group: Yes No Information requests: Yes No Responses to information requests: Yes No Written evidence: Yes No Oral evidence: Yes No Cross examination: Yes Nο Argument/Reply argument: Yes No

Other (e.g., rebuttal evidence), please specify:

Part C: Costs claimed

Please complete the linked Rule 009 Local Intervener Costs Spreadsheet template.

Please fill in the following fields from the template:

Participant total costs claimed (cell H15)

Advance funding amount (cell H16)

Net claimed (cell H17)

Part D: Compliance with Rule 009

Scale of costs

Are any costs claimed in excess of the scale of costs? Yes No

If yes, explain why recovery in excess of the scale is reasonable and warranted in the circumstances:

Avoidance of duplication
Describe the efforts made to form a group or otherwise avoid duplication between participants in the original
proceeding:

Were efforts made to use junior or less costly personnel? Yes No

Describe the efforts made to avoid duplication between your counsel, experts and consultants:

Part E: Supporting documentation

Please submit this completed **Rule 009 Costs Application Form** and your **Rule 009 Local Intervener Costs Spreadsheet** as a **new application** in the AUC's eFiling System.

Please also submit the following supporting documentation:

- Statements of account/invoices/timesheets for fees claimed.
- Receipts for accommodation and airfare (if any). Please note, receipts for all other disbursements will be required to be submitted if your costs claim is selected for a more detailed review.

Supporting and instructional documents for the eFiling System are available on the AUC website.