

**BEFORE THE RATE COMMISSION OF THE
METROPOLITAN ST. LOUIS SEWER DISTRICT
APPLICATION TO INTERVENE**

_____ files this Application to Intervene in the March 4, 2019 Wastewater

Rate Change Proceeding and submits the following information.

1. Applicant:

Name

Contact Person

Address

Telephone No.

Email Address

2. Applicant is ____ not ____ represented by counsel. If yes, list name and contact

information of counsel below:

Law Firm (if applicable)

Contact Person

Address

Telephone No.

Email Address

3. Describe interest in proposed rate change: _____

4. Applicant will ____ not ____ submit prepared testimony on this matter. If Applicant will submit prepared testimony, Applicant agrees to respond to discovery that is submitted in connection with the prepared testimony which Applicant has submitted.

Applicant

Date: _____

By: _____

An Application to Intervene will be deemed granted unless rejected by the Rate Commission.