

INDIVIDUAL INTERVENTION REQUEST

FOR DOCKET NO. _____

REGARDING: _____

Intervenor Name:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

My name, address, telephone number, and email address are provided above. Please serve documents filed in this case on me using that contact information. I will be representing myself.

I request to intervene in the above-referenced case because

I will be directly and substantially affected by the outcome of the case because

My intervention would not unduly broaden the issues in the case because

Initial to acknowledge each:

_____ I understand that I am required to serve a copy of every filing I make in this case on every other party shown on the service list for the case. I have reviewed the service list for the docket on www.azcc.gov using the [eDocket](#) function, the docket number shown above, and the service list tab.

_____ I certify that I have sent a copy of this Intervention Request to every party listed on the service list for this docket by mail or email.

_____ A copy of the service list I used is attached to this Request.

_____ I understand that I may file a Consent to Email Service for this case by completing the Consent to Email Service form available [here](#), filing it with this Request or separately, and sending a verification email that includes the docket number above to HearingDivisionServicebyEmail@azcc.gov.

Signature: _____ Date: _____

Once the form is completed, submit it to the Commission:

by mailing or delivering to
Arizona Corporation
Commission
Docket Control
1200 W. Washington St.
Phoenix, AZ 85007

OR

by eFiling through the
[ACC Portal](#)
(you must register for a free
ACC Portal account and save
the form as a PDF)

If you require assistance, please contact the Consumer Services Section at 602-542-4251 or 1-800-222-7000.