

Hearing Request Form

Effective May 1, 2015, this form must be filled out in full in order for Docket Services to process your hearing request. Please coordinate with all known parties before setting the hearing date and time. 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 Setting Date(s):(Note: Times and dates will be scheduled subject to available subject subjec	Preferred Setting Time: 9:0 ilability. Please contact Docket Services for availa	0 a.m 1:30 p.m ble dates)	
Docket No.:	Status/Tracking No.:		
Application Suffix/Type:			
Docket Style:			
Matter to be Heard:			
Matter to be Heard: (Is this a prehearing conference, application, com	plaint, motion or status conference?)		
Time Estimate (Total time for entire Hea	ring):		
(Total time required for your presentation and all	other parties to present at the hearing.)		
Have all parties to this docket agreed to (It is your responsibility to coordinate with all kno	•	ing: Yes No	
Which party are you representing:(Applicant, Protestant, Complainant, Respondent	or Intervenor)		
Do you have a Representative or Legal Co (If so, the representative/legal counsel will be req letterhead with this form.)			
Repres	sentative Contact Information		
Name:			
Business Address:	Phone	Phone:	
City:	State:	Zip:	
Email Address:(OPTIONAL - If provided, email address	s will become part of this public record; See	Tex Gov't Code §552.137)	
Fax No:			
Is this Docket Protested? Yes	No Unknow	wn	

(If docket is protested or becomes protested, you will need to obtain a court reporter. Please contact Dave Howard, Court Reporter, at 512-282-0313 or dave@howardreporters.com. Note that it is your responsibility to arrange for the court reporter and pay the court reporter's fees for the preparation of the original transcript for the Commission's official records and one copy for use by the Hearing Examiners in preparing their written recommendation on your application.)

Protestant(s) Contact Information

Protestant(s) Name:			
Business Address:			
City:	State:	Zip:	
Email Address:			
Fax No:			
Other Protestant(s) Name:			
Business Address:	Pho	one:	
City:	State:	Zip:	
Email Address:			
Fax No:			
Other Protestant(s) Name:			
		Phone:	
City:	State:	Zip:	
Email Address:			
Fax No:			
Submit <u>ONE COPY</u> of the completed forn Commission of Texas at one of the follow	· · · · · · · · · · · · · · · · · · ·	nd-delivery to the Railroad	
For USPS:	For all other method	For all other methods of delivery:	
Railroad Commission of Texas	Railroad Commissio	Railroad Commission of Texas	

Railroad Commission of Texas Hearings Division Attention: Docket Services PO Box 12967 Austin, Texas 78711-2967

Fax Number: 512-463-6989

docketservices@rrc.texas.gov

Hearings Division

Austin, Texas 78701

Attention: Docket Services

1701 North Congress Avenue