

Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

This form is **only** for persons who wish to be an active party in this docket. You do NOT need to be a party to submit comments.

In the Matter of the Application by SCS Carbon)
Transport LLC for a Permit to Construct a Carbon)
Dioxide Transmission Pipeline)

APPLICATION FOR PARTY STATUS

HP24-001

RECEIVED
DEC 16 2024

**SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION**

Highmore Fire Dept. Inc

(Name of Applicant. This will be the person or entity named as a party.)

, petitions the Public Utilities Commission to be granted party status in this proceeding.

Place a check mark next to each item below that applies to you, adding a mileage number where requested.

_____ I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.

_____ I reside within _____ miles of the proposed project.

Residential address if different from your mailing address:

_____ I own land within _____ miles of the proposed project.

Legal description: _____

I officially represent a municipal, city, township, county or other affected governmental agency within 18 miles of the proposed project.

Explain your interest in applying for party status below.

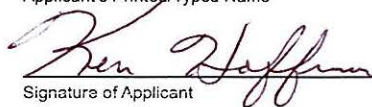
Highmore Fire Dept is a strictly volunteer dept. We are seeking party status as the pipeline route goes through northern Hyde County and encompasses the northern fringe of our service area. Highmore Fire Dept has concerns of necessary equipment, training for 1st responders, response times, unknown dispersion/plume models, and concerns for health and well being of its personnel and the public that is affected by the proposed route.

Deadline: This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, Jan. 24, 2025. File this completed form electronically at puc.sd.gov/EFilingOptions.aspx

This section is to be completed by the person requesting party status. **All fields are required.**

Ken Hoffman (Fire Chief)

Applicant's Printed/Typed Name



Signature of Applicant

Date Signed

Highmore Fire Dept. Inc

Name of Applicant's Organization (if Applicable)

PO Box 340

Applicant's Address (PO Box/St/Ave/Road)

Highmore, SD 57345

Applicant's Address (City, State, ZIP Code)

605-852-2000

Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

highmorefd@venturecomm.net

Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*

The section below is to be completed by the Applicant's attorney, if represented. All fields are required.

Attorney's Printed/Typed Name

Signature of Attorney

Date Signed

Attorney's Address (PO Box/St/Ave/Road)

Attorney's Address (City, State, ZIP Code)

*The Commission processes its dockets electronically for time and cost efficiencies. Communication on the docket will be done via email to parties to this docket. Failure to provide an email address may result in documents being served upon the county auditor rather than sent directly to the party, pursuant to SDCL 49-41B-17.1.

If your submitted form is incomplete, you risk not being granted party status.