Print or Type

## BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

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.

ł

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

(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  $\cdot \frac{2}{2}$  miles of the proposed project.

Residential address if different from your mailing address:

1041 5 わ

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 \_\_\_\_ miles of the proposed project.

## Explain your interest in applying for party status below.

with this pipeline proposed legg than
1/4 MILE, AWAN FROM OUT NOME DUSINGS-
WEARE NOT IN FAVOR! FOR the cafety
NUTIRE
of our formily, our investock, our neighbor
LIE ADE NOT IN FAILER WILL UDY IMULAILY
going to town for grocerics by jourgetf o
applied to town to grow we want to the
I A A A A A A A A A A A A A A A A A A A
YOUR INVESTOCK & POTO? THINK ABOUT IT!
IM IT IN HEATOLE OPENS ITTING THE DUIT DI
GDIS NOT FORSALE! MY FAMILY IS NOT
CDIGNOI TOKSHIDE INIG I WINING IS IN
puppets for trial & critici, our inegrocking
PUPPOB TOT THOM TO THE OTHER
our inveliged! NEAPE NOTINFAUDR!
CONTRACTOR OF THE OF TH

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.

Signature of Applicant

Date Signed

Name of Applicant's Organization (if Applicable)

1-1217

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

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 49-41

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

JAN 21 2025

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION