

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

Stacy Klein

\_\_\_\_\_, petitions the Public Utilities Commission to be granted party status in this proceeding.  
(Name of Applicant. This will be the person or entity named as a party.)

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 4 miles of the proposed project.

Residential address if different from your mailing address:

I own land within .5 miles of the proposed project.

Legal description: 105N-R53W-17

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.

I do not believe Summit is fit to be awarded a route across our state and their application should be denied. The fact Summit is ignoring and disrespecting our counties who have exercised their rights to pass ordinances for the good of the community and welfare of the citizens by asking the PUC for preemption is outrageous.

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](http://puc.sd.gov/EFilingOptions.aspx)

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

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

Stacy Klein

Applicant's Printed/Typed Name

*Stacy Klein*

Signature of Applicant

1/22/2025

Date Signed

Name of Applicant's Organization (if Applicable)

44653 240th St

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

Winfred, SD 57076

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

605-201-7911

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

tsklein@triotel.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.