

# 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.

**In the Matter of the Application by Basin Electric Power Cooperative  
for Energy Facility Permit for a 230 KV Transmission Facility In Haakon  
County, South Dakota**

## APPLICATION FOR PARTY STATUS

**EL25-030**

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

Explain your interest in applying for party status below.

Deadline: This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, **Oct. 14, 2025**  
File this completed form electronically at [puc.sd.gov/EFilingOptions.aspx](http://puc.sd.gov/EFilingOptions.aspx)

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

\_\_\_\_\_  
Applicant's Printed/Typed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Applicant's Organization (if Applicable)

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

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

\_\_\_\_\_  
Applicant's Phone 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 49-41B-17.1.

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