

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 of Crowned Ridge
Energy Storage I, LLC for a Permit for an Energy
Conversion Facility**

**APPLICATION FOR PARTY STATUS
EL26-014**

Connie L Stricherz, 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 20 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.

if fire, toxic cloud spreads,
damage to land + environment,
taking away our much needed
farmland

Deadline: This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, July 13, 2026
File this completed form electronically at
puc.sd.gov/EFilingOptions.aspx

RECEIVED

JUL 13 2026

**SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION**

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.

Connie L Stricherz
Applicant's Printed/Typed Name

Signature of Applicant Must E-Sign or Hand Sign

Date Signed

Connie L Stricherz 7/11/26
Name of Applicant's Organization (if Applicable)

165 17th Ave SW
Applicant's Address (PO Box/St/Ave/Road)

Watertown, SD 57201
Applicant's Address (City, State, ZIP Code)

605-868-0580
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

cstricherz@proton.me
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. Must E-Sign or Hand Sign

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.