

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

William N. Cunningham, 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 4.5 miles of the proposed project.

Residential address if different from your mailing address:

☒ I own land within 4.5 miles of the proposed project.

Legal description: 311 E. LAKE FRONT DR

South Shore, SD 57263

☐ 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.

FEAR OF POISON GAS AND
FIRE HAZARD

RECEIVED

JUL 13 2026

SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION

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

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

William N. Cunningham
Applicant's Printed/Typed Name

X William N. Cunningham 07-09-2026
Signature of Applicant Must E-Sign or Hand Sign Date Signed

Name of Applicant's Organization (if Applicable)

South Shore
311 E LAKE FRONT DR 57263
Applicant's Address (PO Box/St/Ave/Road)

South Shore SD 57263
Applicant's Address (City, State, ZIP Code)

605-756-4278
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. 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.

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