Print or Type *Print Form*

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 of Otter Tail Power Company for a Facility Permit for the Big Stone South to Hankinson to Bison 345 kV Transmission Line Project

APPLICATION FOR PARTY STATUS

EL26-028

Garret Renville, 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 1 miles of the proposed project.

Legal description: 20-125N-50W 5th P.M.

_____

☑ I officially represent a municipal, city, township, county or other affected governmental agency within 1 miles of the proposed project.

☐ I represent a utility company with facilities within _____ miles of the proposed project.

Explain your interest in applying for party status below.

The Sisseton-Wahpeton Oyate has interest in this project to ensure the lands, people, and cultural resources are not detrimentally affected by the project.

Deadline:This application must be filed with the Public Utilities Commission on or before **5:00 p.m. CT, Nov. 9, 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.**

Garret Reville
Applicant's Printed/Typed Name

Signature of Applicant — Date Signed: 11/09/2026

Sisseton-Wahpeton Oyate
Name of Applicant's Organization (if Applicable)

12554 BIA HWY 711
Applicant's Address (PO Box/St/Ave/Road)

Agency Village, SD 57262
Applicant's Address (City, State, ZIP Code)

(605) 698-3911
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

chairman@swo-nsn.gov
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.

Megan LaFromboise
Attorney's Printed/Typed Name

Megan LaFromboise
Signature of Attorney — Date Signed

12554 BIA HWY 711
Attorney's Address (PO Box/St/Ave/Road)

Agency Village, SD 57262
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.

For approval, party status applications must meet the requirements of SDCL 49-41B-17.