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 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

HELAINE FONDER
RICHARD FONDER, 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.

[X] I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.

[X] I reside within 1 miles of the proposed project.

Residential address if different from your mailing address:

_____

[X] I own land within 1 miles of the proposed project.

Legal description: Lots 1&3 Bloem Addition (N2NE4Sec1 Lots 4&6 Bloem Addition SE2SE4 Sec2 T121 R48W Melrose Township Grant Co. SD SE4 & SW4NE4 Sec34 Genesco Twship Roberts County SD

[ ] I officially represent a municipal, city, township, county or other affected governmental agency within _____ 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.

- Organic farmer
- Applying as individual, not as trustees.
- Stray Voltage
- Organic dairy cows
- electric fencing used

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.**

HELAINE FONDER
RICHARD FONDER

Applicant's Printed/Typed Name

Helaine Fonder 11-9-26
Richard Fonder 11-9-26

Signature of Applicant — Date Signed

_____

Name of Applicant's Organization (if Applicable)

14183 477th AVE

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

MILBANK, SD 57252

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

605 432-4470

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

fonderfam@hotmail.com

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.

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