DOCKET #:_____ DATE:_____

PUBLIC SERVICE COMMISSION OF WISCONSIN

Fill out this form and return it to the registration table.
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Personal Information:

Name	
Do you represent? 1) Self ☐; 2) Employer ☐ _____(name); or 3) Organization ☐ _____(name)	
Mailing address:	**Address of any other property of concern affected:**
Contact number / email:	

Participation at the Hearing:

A) SPEAK NOW? **Yes** ☐	**YOU MUST CHECK "YES" TO SPEAK.**

OR

B) WRITE A COMMENT:	**If you do not wish to speak you may write a comment at the hearing in the space below and on the back of this form. Up to five additional pages may be attached.** **Submitting this form affirms that your comment is correct and complete to the best of your knowledge.**