

**Hillsborough County
Public Transportation Commission**

<u>Commission Use Only</u>
Date Received: _____
Received _____

**Notification of Appearance and Intervention
(Due 5 Business Days Prior to Hearing Date)**

Applicant Information:

Applicant Name: _____

Application For: _____

Date of Hearing: _____

Appearance and Intervention Information:

Name of representative or lawyer: _____

Address of representative or lawyer: _____

Name of company or service represented: _____

Current Certificate holder for what type of service: _____

If not a Certificate holder in same category as applicant, state financial interest in pending application: _____

Witness List (Add separate sheet if more witnesses are submitted)

Estimated Duration of Testimony

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that upon submission of this Notice of Appearance and Intervention to the Office of the Public Transportation Commission, I will be responsible for an equal share of the Hearing expenses along with the applicant and others who file a Notice of Appearance and Intervention, even if this Notice is later withdrawn.

Printed Name of Representative or Lawyer

Signature

Date