

Contact Form

For Intervenors

This form can be filled out from this page. Use your Tab key to navigate between fields or click on the field you would like to enter your information. Once you have filled out the form you may print the form and mail it to the Commission.

Mail completed forms to: Wyoming Public Service Commission
Docketing Section
2515 Warren Avenue, Suite 300
Cheyenne, WY 82002

The purpose of this form is to gather contact information in order to create the capability for Intervenors to set up user accounts for electronically filing in the Wyoming Public Service Commission (WPSC) Docket Management System. The primary registrant contact will receive a PIN number from the WPSC and instructions for the electronic filing process.

REGISTRANT (Name of Company / Individual Intervening)				
Name:		Address:		Telephone
		City	State	Fax
		ZIP		E-mail
INTERVENOR CONTACT:				
Name:		Address:		Telephone
				Fax
City		State	ZIP	E-mail
INTERVENOR CONTACT:				
Name:		Address:		Telephone
				Fax
City		State	ZIP	E-mail
INTERVENOR CONTACT:				
Name:		Address:		Telephone
				Fax
City		State	ZIP	E-mail
SIGNATURE OF REGISTRANT				
Signature: _____				
Title:			Date:	
STATE OF _____)				
COUNTY OF _____)				
Subscribed and sworn to before me, this _____ day of _____ ,				
Witness my hand and official seal.				
			(Signed) _____	
			Notary Public	
(SEAL)			_____	
			(Print or type name)	

My Commission Expires:				