



**Dispute Resolution
Leave to Intervene**

Submit this Application by registered mail, fax or courier to the following address:

Arbitrator
 [Address for service of the Arbitrator as published by the IESO]
 [Street Address] _____
 [City, Province] _____
 [Postal Code] _____
 [Fax Number] _____

Party A: All parties to the dispute:
 [Street Address] _____
 [City, Province] _____
 [Postal Code] _____
 [Fax Number] _____

Party B:
 [Street Address] _____
 [City, Province] _____
 [Postal Code] _____
 [Fax Number] _____

All information submitted will be assigned the appropriate confidentiality level upon receipt.

PART 1 – GENERAL INFORMATION – APPLICANT FOR LEAVE TO INTERVENE

Organization Name: _____	
Address: _____	
City/Town: _____	Province/State: _____
Postal/Zip Code: _____	Country: _____
Main Contact	
Name: _____	Title: _____
Telephone No.: _____	E-mail Address: _____
Fax Number: _____	
Market Participant/Metering Service Provider No.: _____	IESO Help Centre (IHC) Ticket No. (if available): _____
Dispute Number: _____	

PART 3 – SUBMISSIONS

The submissions must include a statement as to why the applicant for leave to intervene may be directly affected by the award of the Arbitrator and the position of the applicant for leave to intervene on the issues involved in the disputes (to the extent that the applicant for leave to intervene has a position with respect to each). Please attach copies of any documents that will be relied upon in support of this application for leave to intervene.

Please provide a list of documents to be filed at the arbitration hearing:

- 1.
- 2.
- 3.
- 4.
- 5.

For additional submissions, please include on a separate sheet.
Please attach all documents listed above.

PART 4 – ACKNOWLEDGEMENT AND ACCEPTANCE

The undersigned, a duly authorized representative _____ [name of organization] acknowledges and accepts the provisions of section 2.7.33 of Chapter 3 of the Market Rules relating to the costs and expenses of intervenor participation in arbitration hearings and to the payment of the costs of the arbitration.

Dated at the City of _____, Province/State _____ this _____ day of _____, _____.

Signature: _____

Name: _____

Title: _____

FOR INTERNAL PURPOSES ONLY (AND NOT REQUIRED TO BE FILLED IN BY THE APPLICANT FOR LEAVE TO INTERVENE)

This Application for leave to intervene was:

- Granted
- Not granted

Reason for Decision:

***** For Internal Use Only*****