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**CONNECTICUT SITING COUNCIL
INTERVENOR STATUS REQUEST FORM**

Docket/Petition No. 441

Town/City: Washington CT

Name: Daniel Soule

Address: 111 Water Street

City: Torrington

State: CT

Zip: 06790

Phone: 860-626-7523

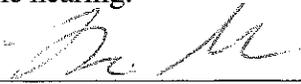
Fax: 860-626-7527

E-Mail: dsoule@lcd911.com

1. Manner in which petitioner claims to be substantially and specifically affected:
Supporting the application as it provides needed coverage for emergency fire and EMS dispatching.

2. Manner and extent to which petitioner proposes to participate:
Testify in support of the application.

Copies of this request shall be mailed to all participants at least five (5) business days before the date of the hearing.

Signed 

Date: 11/18/13