

**Date Submitted:** April 25, 2018

**Proceeding name:** FAES 2018/19 Revenue Requirements and Cost of Service Rates TES Delta School District

## **Participant contact information**

**Organization or individual name:** Delta School District No. 37 (DSD)

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**Province:** British Columbia

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**Phone number:** 604-952-5334

## **For organizations only - representative contact information**

**Name:** D. Rossi and E. Lambert-Shirzad

**Organization (if different from above):** Borden Ladner Gervais LLP

**City:** Vancouver

**Province:** British Columbia

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**Phone number:** 604-640-4110

**Also representing (if applicable):**

## **Additional information**

**Please state your reasons for intervening in this proceeding:**

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**Please state how you are directly or sufficiently affected by the Commission's decision in this matter; or describe your experience, information, or expertise relevant to this matter that would contribute to the Commission's decision making:**

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**Please list the key issues you intend to address in the proceeding:**

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## **For administrative purposes only**

**Do you intend to participate fully, including attendance at hearings and submission of evidence or information requests, if applicable?:** Yes

**Do you intend to request PACA funding? This does not impact your ability to participate:** Yes

**Have you or your organization web-registered as an intervener or interested party in the past 12 months?:** No

**If yes, please provide your username:**