

**NORTH CAROLINA UTILITIES COMMISSION
APPEARANCE SLIP**

DATE: _____ DOCKET NO.: _____

ATTORNEY NAME and TITLE: _____

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPEARANCE ON BEHALF OF: _____

APPLICANT: ___ COMPLAINANT: ___ INTERVENOR: ___

PROTESTANT: ___ RESPONDENT: ___ DEFENDANT: ___

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