

MICHIGAN DEPARTMENT OF COMMERCE  
PUBLIC SERVICE COMMISSION

**ENTRY OF APPEARANCE IN AN ADMINISTRATIVE HEARING**

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**GENERAL INSTRUCTIONS**

Type or print legibly in ink. For assistance or clarification, please contact the Public Service Commission at (517) 334-6334.

**For ALJ use only**

**Intervention is:**

☐ Granted

☐ Denied

☐ Deferred

Date   1  /  1  

**THIS APPEARANCE TO BE ENTERED IN ASSOCIATION WITH THE ADMINISTRATIVE HEARING:**

Docket No.   6-12752  

Please enter my appearance in the above-entitled matter on behalf of:

|                                      |           |
|--------------------------------------|-----------|
| 1. (Name)<br><u>CONSUMERS Energy</u> | 4. (Name) |
| 2. (Name)                            | 5. (Name) |
| 3. (Name)                            | 6. (Name) |

who is involved in this proceeding as:

☐ Applicant      ☐ a Protestant      ☐ an Intervenor  
☐ a Complainant      ☐ a Respondent      ☐ a Petitioner

Name (printed) JOHN SHEA

☐ I am an attorney whose:

Address 212 W Michigan

Mich Bar # is P-

City Jackson State MI Zip 492012

Bar # is: \_\_\_\_\_  
(state) \_\_\_\_\_

Phone (517) 778-2112

☐ I am not an attorney

/s/ [Signature] Date 5/8/01

**PLEASE NOTE: THE COMMISSION WILL PROVIDE SERVICE OF DOCUMENTS IN THIS PROCEEDING TO ONLY ONE PERSON FOR EACH PARTY. PLEASE INDICATE HERE WHOSE NAME SHOULD APPEAR ON OUR SERVICE LIST.**

Name: \_\_\_\_\_