

NEBRASKA PUBLIC SERVICE COMMISSION
NATURAL GAS DEPARTMENT
APPLICATION FOR GENERAL RATE INCREASE

All applications for a general rate increase must include a completed copy of this information packet.

FOR COMMISSION USE ONLY:

Docket Number:

Date filed:

Date published:

Caption:

1. Name of Utility:

a. d/b/a:

2. Headquarters Address:

3. Mailing address, if different:

4. Communication regarding the application should be addressed to: (maximum three):

Name:		
Phone Number:		
Email Address:		
Mailing address (if different from utility):		

APPLICATION INFORMATION

RATE BASE

1. Beginning and ending dates of base test year:
2. Rate base for base test year:
3. Total pro forma adjustments for known and measurable changes to rate base sought:
4. Amount of capital investment made by company since the last rate case included in case:
5. Total adjusted test year rate base sought:
 - a. Amount of rate base increase, in dollars:
 - b. Amount of rate base increase, as a percentage:

RATE OF RETURN

6. Current overall Rate of Return on Rate Base:
7. Most recently authorized overall Rate of Return:
8. Current capital structure:
9. Currently authorized Return on Equity: Cost of Debt:
10. Current Weighted Average Cost of Capital:
11. Proposed Capital Structure:
12. Proposed Return on Equity: Cost of Debt:
13. Proposed Weighted Average Cost of Capital:
14. Proposed Overall Rate of Return:

REVENUE REQUIREMENT

15. Current jurisdictional annual revenue, in dollars:
16. Requested jurisdictional revenue, in dollars:
 - a. Amount of increase, in dollars:
 - b. Amount of increase, as a percentage of current jurisdictional revenue:

CUSTOMER IMPACT

17. Anticipated residential customer impact

- a. Amount of average annual increase, in dollars:
- b. Annual percentage increase over current rates:
- c. Average monthly summer bill impact:
 - i. dollars:
 - ii. percentage:
- d. Average monthly winter bill impact:
 - i. dollars:
 - ii. percentage:

18. Anticipated commercial customer impact

- a. Amount of average annual increase, in dollars:
- b. Annual percentage increase over current rates:
- c. Average monthly summer bill impact:
 - i. dollars:
 - ii. percentage:
- d. Average monthly winter bill impact:
 - i. dollars:
 - ii. percentage:

19. List any additional surcharges/riders requested in this application below.

<u>App Cite</u>	<u>Surcharge/Rider</u>	<u>Amount & Frequency</u>	<u>Duration of Surcharge/Rider</u>	<u>Number of Impacted Customers</u>

20. Please attach a description of proposed rate structure, including a list of customer classes, and current and proposed rates by class (1 page or less).

21. Does the Company intend to implement interim rates pursuant to Neb. Rev. Stat. § 66-1838(10)(a)?

- a. If yes, what percentage of the increase sought will be implemented in interim rates?
- b. Date of implementation:

REQUIRED INFORMATION

Commission regulations, at 291 Neb. Admin. Code § 9-004, require the following information. Please list the exhibit(s) where each item can be found and sponsoring witness:

<u>Rule</u>	<u>Exhibit Number & Witness</u>
9-004.02A: A description of the base year and test year	
9-004.02B: A description of the proposed revenue increase, number and classifications of affected rate payers, average per rate payer increase, volumes per classification, and reasons for proposed increase	
9-004.02C: Financial summary	
9-004.02D: Diagram and description of corporate structure, affiliates, and shared resource affiliates	
9-004.02E: Financial statements for the most recent fiscal year	
9-004.02F: The most recent annual report to stockholders	
9-004.02G: A list of witnesses and subjects on which they are to provide testimony	
9-004.03: Rate Base Schedules	
9-004.04: Operating Expense Schedules	
9-004.05: Rate of Return and Cost of Capital Schedules	
9-004.06: Revenue Schedules	
9-004.07: Cost of Service Study	
9-004.08: Prefiled Direct Testimony and Exhibits	