

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this document has been served today upon all parties of record in this docket, as listed on the docket service list, by facsimile by first class mail, or by other electronic means.


Larry L. Janes, Executive Director

Date 

**REQUEST FOR A HEARING
COMPLAINT OC14-009**

**I REJECT THE PANEL RESOLUTION TO COMPLAINT OC14-009 AND
REQUEST A HEARING.**

Signature – First Rate Excavate

Date

**I REJECT THE PANEL RESOLUTION TO COMPLAINT OC14-009 AND
REQUEST A HEARING.**

Signature – SDN Communications

Date

**YOUR REQUEST FOR A HEARING MUST BE SENT TO ALL OTHER
PARTIES INCLUDING:**

**SOUTH DAKOTA ONE CALL NOTIFICATION BOARD
C/O SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
500 E. CAPITOL AVE.
PIERRE, SD 57501-5070**

**Failure to request a hearing will result in acceptance of the Enforcement Panel's
Recommendation by the South Dakota One Call Board. The Board will then
Order the Recommendation as the final disposition of this Complaint.**