ILLINOIS POLLUTION CONTROL BOARD
October 31, 2000

IN THE MATTER OF:)
)
PROPOSED AMENDMENTS TO 35 ILL.   )   R01-16
ADM. CODE 217.SUBPART V, ELECTRIC)   (Rulemaking – Air)
POWER GENERATION   )

On October 19, 2000, the Board adopted the opinion and order in this matter as two separate documents. Both the opinion and order are available now on the Board's web page for you to review and download at www.ipcb.state.il.us. The proposed rules contained in the accompanying order will be published in the *Illinois Register* on November 3, 2000. Only the opinion is enclosed. Copies of the order will be sent upon request.

The Board will establish a list of interested persons who wish to receive the Board opinions and orders and hearing officer orders in this proceeding (the Notice List). Subsequent Board orders and opinions and hearing officer orders in this docket will be mailed to persons on the Notice List. In addition, the Board will establish a list of persons who wish to participate in the proceeding and receive all prefiled testimony, as well as any motions or appearances filed by other participants (the Service List).

Mark the appropriate boxes on the attached coupon, and return to:

     Kemelyau Pittman
     Pollution Control Board
     100 West Randolph Street, 11-500
     Chicago, Illinois 60601
     FAX at (312) 814-3669.

COUPON FOR R01-16 NOTICE LIST/SERVICE LIST

Mark the appropriate boxes below, and return this coupon no later than 4:30 p.m. November 13, 2000, to:

Kemelyau Pittman
Pollution Control Board
100 West Randolph Street, 11-500
Chicago, Illinois 60601
FAX at (312) 814-3669.

This coupon is also available in Word (.doc) format on the Board's website at www.ipcb.state.il.us**.

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☐ Please mail me a copy of the October 19, 2000 Board order in docket no. R01-16.

☐ Please place me on the Notice List for docket no. R01-16.

☐ Please place me on the Service List for docket no. R01-16. In making this request, I agree to provide a copy of any testimony I prefile with the Board to all other participants on the Service List.

(Please type or print)
NAME: _____

BUSINESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____