

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

UE 473

In the Matter of

PORTLAND GENERAL ELECTRIC
COMPANY,

Request for a General Rate Revision.

ERRATA MODIFIED
PROTECTIVE
ORDER

DISPOSITION: MODIFIED PROTECTIVE ORDER NO. 26-274 CORRECTED

On July 27, 2026, Portland General Electric (PGE) filed a motion for a modified protective order, which was put in place on July 29, 2026, with certain modifications. Those modifications were to paragraphs 13-16 of the MPO and provided for procedures under which parties could seek to access Highly Confidential Information without first obtaining PGE's consent, though PGE still has an opportunity to object after a signature page is filed.

However, that July 29 order erroneously failed to make changes to Appendix B, the consent to be bound, to correspond to the changes to the protective order. Accordingly, by this errata, I modify Appendix B to make clear that it can be signed by a party that has not received PGE's agreement.

Made, entered, and effective Sep 21, 2026.



Katharine Mapes
Administrative Law Judge



**APPENDIX B: QUALIFICATION OF PERSONS TO RECEIVE
PORTLAND GENERAL ELECTRIC COMPANY'S
HIGHLY PROTECTED INFORMATION
DOCKET NO. UE 473**

I. Consent to Be Bound—Persons Qualified pursuant to Paragraph 14: Highly Protected Information

I have read the Modified Protective Order and agree to be bound by the terms in the order. I understand that ORS 756.990(2) allows the Commission to impose monetary sanctions if a party subject to the jurisdiction of the Commission violates an order of the Commission. I certify that:

- (a) I am an employee of PGE or the Citizens' Utility Board of Oregon, and have a legitimate and non-competitive need for the Highly Protected Information and not simply a general interest in the information; **or**
- (b) I am not an employee of PGE or the Oregon Citizens' Utility Board, and have a legitimate and non-competitive need for the Highly Protected Information and not simply a general interest in the information and am requesting to be qualified to receive Highly Protected Information under paragraph 15.

I provide the following information.

By: Signature: _____ Date: _____

Printed Name: _____

Employer: _____

Physical Address: _____

Email Address: _____

Job Title: _____

If not an employee of a party, describe associated party, your practice and clients: