

Control Number: 43112



Item Number: 12

Addendum StartPage: 0

House Bill (HB) 1600 and Senate Bill (SB) 567 83rd Legislature, Regular Session, transferred the functions relating to the economic regulation of water and sewer utilities from the TCEQ to the PUC effective September 1, 2014.



TCEQ Core Data Form

	TCEQ Use	Only	
2000			

		ailed instructions regarding comple	tion of this form,	please read the	e Core I	Data Form Instructions	or call 512-239	- <u>51</u> 75.		
SECTION I: General Information										
		sion (If other is checked plea						0 0		
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)										
Renewal (Core Data Form should be submitted with the renewal form)										
2. Attachme	ents	Describe Any Attachments:				oorter Application, etc.)	<u> </u>			
3. Customer Reference Number (if issued)		for CN or RN numbers in		gulated Entity Refe	rence Numb	er (if issued)				
CN 604102301				RN	10152266	Ŝ	<u> </u>			
SECTION II: Customer Information										
5. Effective Date for Customer Information Updates (mm/dd/yyyy) 6/30/2013										
6. Customer Role (Proposed or Actual) as it relates to the Regulated Entity listed on this form. Please check only one of the following:										
□Owner		☐ Operator	⊠ Owi	ner & Operato	or					
☐ Occupation	onal Licens	see Responsible Party	☐ Volu	ıntary Cleanı	ıp Appl	icant Other	·			
7. General C	Customer	nformation								
□ New Customer										
		me (Verifiable with the Texas S				☐ No Char	-	,		
**if "No Cha	nge" and	Section I is complete, skip to	Section III - R	egulated En	ity Inf	ormation.				
8. Type of Customer:		Indi	☐ Individual		☐ Sole Proprietorship- D.B.A					
☐ City Government ☐ County Government		Fed	Federal Government		☐ State Government					
☐ Other Government ☐ General Partnership			Lim	☐ Limited Partnership ☐ Other:						
9. Customer Legal Name (If an Individual, print last name first: ex: Doe, John) If new Customer, enter previous Customer below End Date:										
Corix Utilities (Texas)										
	6836 E	336 Bee Caves Rd Ste 209								
10. Mailing										
Address:	City	Austin	04-4-	- I			1	I		
44.0 (لــــــــــــــــــــــــــــــــــــــ		State	 !		78746	ZIP + 4			
11. Country	Mailing In	formation (if outside USA)	·	12. E-M	ail Ad	dress (if applicable)				
13. Telephor	ne Numbéi		14. Extension	or Code	—· <u> </u>	15. Fax Numb	ner (if annlicat	n/el		
(512)30	6-4000					i	6-4009			
16. Federal Tax ID (9 digits) 17. TX State Franchise Tax ID (11 digits) 18. DUNS Number (if applicable) 19. TX SOS Filling Number (if applicable)										
99-037667 32048021474 19903766756										
20. Number of Employees 21. Independently Owned and Operated?										
□ 0-20 □	21-100	☐ 101-250 ☐ 251-500		higher			Yes	⊠ No		
		egulated Entity Info								
22. General F	Regulated	Entity Information (If 'New Re	gulated Entity"	is selected be	low th	is form should be acc	companied by	a permit application)		
22. General Regulated Entity Information (If 'New Regulated Entity" is selected below this form should be accompanied by a permit application) New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information Update										
"If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.										
23. Regulated Entity Name (name of the sile where the regulated action is taking place)										

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