

Control Number: 45522



Item Number: 889

Addendum StartPage: 0



Registration of Submetered OR Allocated Utility Service

NOTE: Please **<u>DO NOT</u>** include any person or protected information on this form (ex: tax identification #'s, social security #'s, etc.)

| Date: 07/01/2016 | 1 | K | E | 0 | റ |
|------------------|---|---|---|---|---|
| By: Peter Lee | I | J | J | 4 | Z |
| Docket No. | | | | | |

Docket No._____
(this number to be assigned by the PUC after your form is filed)

| PROPERTY OWNER: Do not enter the name of the owner's contract manager, management company, or billing company. | | | | | | | | | | | |
|---|---------------------------------|-----------------------------|------------------------------|---|------------|-------------|----------|---------------------------------------|--|--|--|
| Name COLE ARI | USTRONG HO | LDING COMPANY LL | C | , | s | <u>-</u> | <u> </u> | ig company. | | | |
| Mailing Address: | 8115 PRESTON RD STE 400 | | City DALLAS | State | Тх | Zip | 75225 | | | | |
| Telephone# (AC) | (214) 522-050 | 0 ** .* | Fax # (if applicable | e) | | | IF | | | | |
| E-mail | amstrongknoxmgr@lincolnapts.com | | | | | | | | | | |
| NAME, ADDRESS, AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED | | | | | | | | | | | |
| Name Armstrong at Knox | | | | | | | | | | | |
| Mailing Address: | 4525 Cole Av | | City Dallas | State | тх | Zip | 75205 | | | | |
| Telephone# (AC) | (214) 522-05 | | Fax # (if applicable | | | | | | | | |
| | | conservice.com | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| X Apartment Complex Condominium Manufactured Home Rental Community Multiple-Use Facility | | | | | | | | | | | |
| If applicable, desci | ibe the "multi | ple-use facility" here | | | | | | <u> </u> | | | |
| | | INFORMAT | ION ON UTILITY S | ERVICE | | | ****** | | | | |
| Tenants are billed | | | r | X Sul | metered | OR | All | ocated *** | | | |
| Name of utility pro | | | Dallas | | | | | | | | |
| Date submetered o | r allocated bill | ling begins (or began) | 08/01/2016 | | Requ | iired | | | | | |
| METHOD USED TO OFFSET CHARGES FOR COMMON AREAS Check one line only. | | | | | | | | | | | |
| x Not applicable, | because x | Bills are based on th | ie tenant's actual sul | metered | consum | ption | | | | | |
| | | There are <u>neither</u> co | ommon areas <u>nor</u> an | installed | irrigatio | n syste | m | | | | |
| All common are | as and the irri | gation system(s) are i | metered or submeter | red: | | · | | | | | |
| We deduct the act | al utility char | ges for water and wa | stewater to these are | eas then | allocate t | he rem | aining c | harges among | | | |
| We deduct the actual utility charges for water and wastewater to these areas then allocate the remaining charges among our tenants. | | | | | | | | | | | |
| This property h | as an installed | irrigation system tha | t is <u>not</u> separately m | etered o | submet | ered: | | | | | |
| We deduct percent (we deduct at least 25 percent) of the utility's total charges for water and wastewater | | | | | | | | | | | |
| consumption, then allocate the remaining charges among our tenants. | | | | | | | | | | | |
| This property h | as an installed | irrigation system(s) t | hat <u>is/are</u> separately | metered | or subm | etered: | <u> </u> | | | | |
| We deduct the actual utility charges associated with the irrigation system(s), then deduct at least 5 percent of the utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants. | | | | | | | | | | | |
| total charges for wa | ater and waster | water consumption, t | hen allocate the ren | naining c | harges a | mong o | ur tenar | its. | | | |
| This property do | es <u>not</u> have ar | n installed irrigation s | system: | | | | | | | | |
| We deduct at least 5 percent of the retail public utility's total charges for water and wastewater consumption, and then allocate the remaining charges among our tenants. | | | | | | | | | | | |
| allocate the remain | ing charges am | nong our tenants. | | | | | | | | | |
| *** TE I FITTI FITS | Z CEDMICEC A | DE ALLOCATED AT | 0777 5705 1700 5 | | | | | | | | |
| Send this form by r | nail with a tote | RE ALLOCATED, YO | OU MUST ALSO CO | OMPLET | E PAGE | TWO | OF THIS | FORM *** | | | |
| Filing Clerk, Public | Htility Comm | vission of Toyas | | | | | | 1 | | | |
| 1701 North Congre | ss Avenue | iission of Texas | | | | | UB S | | | | |
| P.O. Box 13326 | 20 11, 61146 | | | | | | 5 | | | | |
| Austin, Texas 7871 | 1-3326 | | | | | | 25 | | | | |
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