

Control Number: 46104



Item Number: 3

Addendum StartPage: 0

40104

AFFIDAVIT

STATE OF TEXAS	RECEIVED
COUNTY OF GALVES TON	2016 JUL 19 AM 9: 21
I, MICHARL BROTSEN	PUBLIC UTILITY COMMISSION FILING CLERK being duly sworn, file this NOTICE OF
PROPOSED RATE CHANGE as	PRESIDENT
(indicate relationship to Utility, that is, owner, me other authorized representative of Utility); that, in	ember of partnership, title as officer of corporation, or such capacity, I am qualified and authorized to file made and matters set forth herein are true and correct.
I further represent that a copy of the attached NO by	$\mathcal{M}_{\mathcal{M}_{\mathcal{A}}}$
to each customer or other affected party on or ab	out $\frac{\sqrt{13}}{\sqrt{13}}$, 20/6
	michael Brant
	(Utility's Authorized Representative)
	SHORE TECHTAC L+M WOTER DEVELOPMENT CO, NAME OF UTILITY
If the Affiant to this form is any person other than attorney, a properly verified Power of Attorney m	the sole owner, partner, officer of the Utility, or its just be enclosed.
SUBSCRIBED AND SWORN TO BEFORE ME this the 13+1 day of Jul which witness my hand and seal of office.	
JEAN C FALKS Notary Public, State of Texas Alexy Commission Expires January 29, 2018	NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS
	Jean C Falks PRINT OR TYPE NAME OF NOTARY
MY COMM	dission expires $1-29-18$

NOTICE OF PROPOSED RATE CHANGE TO BE PROVIDED TO CUSTOMERS PURSUANT TO TEX. WATER CODE § 13.1871

P.U.C. DOCKET NO. 46104 *

NOTICE OF PROPOSED RATE CHANGE PURSUANT TO Tex. Water Code § 13.1871

Snore-Tech, Inc aba	a L&M Water Developme	ent Compa	iriy	12//					
		CCN Number(s)							
application may be application at your of TX 78701). The proof or suspended by the combined protest learness the Commission	reviewed online at intuitility's office at the ad posed rates will apply a Commission. If the tter, from at least 3 n has original jurisdict	terchange. Idress belo to service Commiss _ [number ion) or fro	puc.texas ow or at the received sion rece r of rates om any aff	s.gov. \\ he Comi after the ives a s payers () fected m	You may also mission's office effective date ufficient numble percent of tunicipality bef	as (Commission or Pinspect a copy of the re (1701 N. Congress As provided below, unlesser of protests, separathe utility's customers fore the 91st day after the page for instructions	rate change ve, Austin ss modified tely or in a over whose ne proposed	e , 1 a e 1	
EFFECTIVE D	ATE OF PROPOS	ED INCI	REASE:	:	9/29/2016			_	
(Proposed rates reques	lays after notice is prove sted by the utility are not blected during the pende	t final. The	Commis	sion may	modify the rate	ation is filed) s and order a refund or c e finally ordered plus into	eredit agains erest.)	t	
Reason(s) for pro	posed Rate Chang	e:							
Increase Of Operation	Cost Since 1995								
BILLING COMI	PARISON								
Water Existing	5,000 gallons:	\$	36.25	/mo	Proposed	5,000 gallons:	\$	6.60	/mo
Existing	10,000 gallons:	\$	61.25	/mo	Proposed	10,000 gallons:	\$	13.20	/mo
Existing	30,000 gallons:	\$	61.25	/mo	Proposed	30,000 gallons:	\$	39.60	/mo
Sewer									
Existing	5,000 gallons:	\$	0.00	/mo	Proposed	5,000 gallons:	**********	0.00	_ /mo
Existing	10,000 gallons:	\$	0.00	/mo /	Proposed	10,000 gallons:	\$	0.00	/mc
Lone Pine Subdivi	ision								
	Subdivisio	on(s) or Sy	stem(s) A	Affected	by Rate Chan	ge		-	
P.O. Box 395		Santa F	-e	7	rx 7	7510			
Company	y Address	City		S	State Zi	p		-	
(409) 925-5211									
Company I	Phone Number								
7,430.00					7/13/2016				
Annual Re	evenue Increase			Date	Notice Delive	red		-	
j	12/1/1995		17th c	of each m	onth				
Dote	of Last Rate Change		Date	Meters 1	Cypically Read			-	

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2 of 4

^{*} Prior to providing notice, the utility shall file a request for the assignment of a docket number for the application.

P.U.C. DOCKET NO. 46104

RATEPAYER PROTEST

If you wish to PROTEST the proposed rate change, you must submit this form and 10 copies to:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

Unless protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing, no hearing will be held and the rates will be effective as proposed.

CUSTOMER INFORMATION (to be completed by customers submitting protests)

First Name: _______ Last Name: _______
Phone Number: ______ Fax Number: _______
Address, City, State: _______
Location where service is received: ________
(if different from the mailing address)

Please fill out the following:

I wish to PROTEST the following proposed rate action/s: _______ Water Rate Change ______ Both Water and Sewer Rate Change ______ Other (please specify below)

Signature of Protestant:

Si desea informacion en Espanol, puede llamar al 1-888-782-8477

Hearing- and speech-impaired individuals with text telephones may contact the PUC's Customer Assistance

Hotline at

512-936-7136

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	N	OTIC	ΕO	F PROPOSED	RATE C	CHANGE –V	VATE	8		
CURRE	NT RATES				PROPO	SED RATES				
	base rate includ	ing		o gallons		base rate inclu	ding	o gallons		
Meter Si	ze:				Meter Si		_			
RESIDI					RESIDE					
	5/8" or 3/4"	5	\$	11.25		5/8" or 3/4"		\$ 42.38		
	1"		\$	0.00		1"		\$ 0.00		
	1 1/2"		\$	0.00		1 1/2"		\$ 0.00		
	2"		<u> </u>	0.00		2"		\$ 0.00		
	3"		\$	0.00		3"		\$ 0.00		
Other:		5	S	0.00	Other:		\$ 0.00			
	GALLON	AGE C				GALLON	VAGE C	HARGE:		
TIER	VOLUME		CH gals.	ARGE per 1000	TIER	VOLUME		CHARGE per 1000 gals.		
Tier 1	o to	_gals.	\$_	5.00 /1000 gals.	Tier 1	0 to 5,0	oo gals.	\$ 6.60 /1000 gals.		
Tier 2	to	gals.	\$	/1000 gals.	Tier 2	0 to 10,0	000 gals.	\$ 13.20 /1000 gals.		
Tier 3	to	gals.	\$	/1000 gals.	Tier 3	0 to 30,0	000 gals.	\$ 39.60 /1000 gals.		
Tier 4	to	_gals.	\$	/1000 gals.	Tier 4	to	gals.	\$/1000 gals.		
Tier 5	to	gals.	\$	/1000 gals.	Tier 5	to	gals.	\$/1000 gals.		
	MISCELLANEOUS FEES					MISCELLANEOUS FEES				
	Tap Fee	\$		250.00		Tap Fee	\$	250.00		
1	onnect fee:					connect fee:				
Noi	Non-payment			Non-payment						
		\$		25.00		mum - \$25.00)	\$	25.00		
	ner's Request	\$		5.00		mer's Request	\$	25.00		
	nsfer Fee	\$		0.00		ansfer Fee	\$	25.00		
La	te Charge	\$		2.00						
D	1 01					\$5.00 or 10%)		5.00		
	Check Charge	\$		20.00		d Check Charg	e \$	6.00		
1	Deposit	ď				Deposit				
Mad	er test fee	<u>\$</u> \$		50.00		(Maximum \$50.00) Meter test fee		50.00		
ivie	er lest lee	Ф		25.00			\$	25.00		
					(IVIAXII	mum - \$25.00)				

Regulatory Assessment of 1% is added to base rate and gallonage charges. Additional fees and meter sizes may be shown on a separate page.

If applicable, list any bill payment assistance programs to low income Ratepayers.