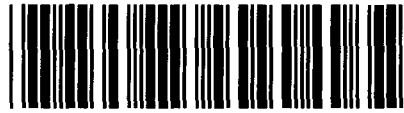


Control Number: 47897



Item Number: 56

Addendum StartPage: 0

**NOTICE OF PROPOSED RATE CHANGE  
PURSUANT TO TEX. WATER CODE § 13.1871**

2018 JAN 11 AM 10:12

PUBLIC UTILITY COMMISSION  
FILING CLERKFOREST GLEN UTILITY COMPANY21070

Company Name

CCN Number(s)

has filed a rate change application with the Public Utility Commission of Texas (Commission or PUC). The application may be reviewed online at [interchange.puc.texas.gov](http://interchange.puc.texas.gov). You may also inspect a copy of the rate change application at your utility's office at the address below or at the Commission's office (1701 N. Congress Ave, Austin, TX 78701). The proposed rates will apply to service received after the effective date provided below, unless modified or suspended by the Commission. If the Commission receives a sufficient number of protests, separately or in a combined protest letter, from at least \_\_\_\_\_ [number of] ratepayers (10 percent of the utility's customers over whose rates the Commission has original jurisdiction) or from any affected municipality before the 91st day after the proposed effective date, the matter will be set for hearing. **See Protest Form on the next page for instructions on how to protest.**

**EFFECTIVE DATE OF PROPOSED INCREASE:** 2/1/2018

(must be at least 35 days after notice is provided to customers and 35 days after application is filed)

(Proposed rates requested by the utility are not final. The Commission may modify the rates and order a refund or credit against future bills all sums collected during the pendency of the rate proceeding in excess of the rate finally ordered plus interest.)

**Reason(s) for proposed Rate Change:**

TO ENSURE RATES COVER ACTUAL OPERATING COSTS OF THE UTILITY FGU'S RATES HAVE BEEN BELOW THE COST OF SERVICE SINCE 2012.
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**BILLING COMPARISON****Water**

Existing	5,000 gallons:	\$ _____ /mo	Proposed	5,000 gallons:	\$ _____ /mo
Existing	10,000 gallons:	\$ _____ /mo	Proposed	10,000 gallons:	\$ _____ /mo
Existing	30,000 gallons:	\$ _____ /mo	Proposed	30,000 gallons:	\$ _____ /mo

**Sewer**

Existing	5,000 gallons:	\$ <u>35.00</u> /mo	Proposed	5,000 gallons:	\$ <u>65.00</u> /mo
Existing	10,000 gallons:	\$ _____ /mo	Proposed	10,000 gallons:	\$ _____ /mo

PROTRANCO RANCH

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 Subdivision(s) or System(s) Affected by Rate Change
 

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 Company Address

City

State

Zip

---

 Company Phone Number

---

 214,000.00

8/9/2017

Annual Revenue Increase

Date Notice Delivered

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 8/1/2012

Not Applicable

Date of Last Rate Change

Date Meters Typically Read

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

56

**P.U.C. DOCKET NO.** 47897

**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 ☐ Sewer Rate Change ☐ Both Water and Sewer Rate Change

☐ Other (please specify below)

\_\_\_\_\_

Signature of Protester:

\_\_\_\_\_ Date: \_\_\_\_\_

**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**

## NOTICE OF PROPOSED RATE CHANGE –SEWER

CURRENT RATES		PROPOSED RATES	
Monthly base rate including _____ gallons		Monthly base rate including _____ gallons	
Meter Size:		Meter Size:	
<b>RESIDENTIAL</b>		<b>RESIDENTIAL</b>	
5/8" or 3/4"	\$	5/8" or 3/4"	\$
1"	\$	1"	\$
1 1/2"	\$	1 1/2"	\$
2"	\$	2"	\$
3"	\$	3"	\$
Other:	\$	Other:	\$
<b>GALLONAGE OR FIXED CHARGE:</b>		<b>GALLONAGE OR FIXED CHARGE:</b>	
\$ 35 00		\$ 65 00	
<input checked="" type="checkbox"/> per month; OR		<input checked="" type="checkbox"/> per month; OR	
<input type="checkbox"/> for each additional 1,000 gallons over the minimum.		<input type="checkbox"/> for each additional 1,000 gallons over the minimum.	
Gallorage charges are determined based on average consumption for winter period which includes the following months: _____		Gallorage charges are determined based on average consumption for winter period which includes the following months: _____	
<b>MISCELLANEOUS FEES</b>		<b>MISCELLANEOUS FEES</b>	
Tap Fee	\$ 300.00	Tap Fee	\$ 300.00
Reconnect fee:		Reconnect fee:	
Non-payment		Non-payment	25.00
	\$ 25.00	(Maximum - \$25.00)	\$
Customer's Request	\$ 50.00	Customer's Request	\$ 50.00
Transfer Fee	\$ 50.00	Transfer Fee	\$ 50.00
Late Charge	\$ 5.00	Late charge: (Indicate either \$5.00 or 10%)	\$ 10%
Returned Check Charge	\$ 25.00	Returned Check Charge	\$ 25.00
Deposit	\$ 50.00	Deposit	
		(Maximum \$50.00)	\$ 50.00
Meter test fee	\$ Actual Cost	Meter test fee	\$ 25.00
		(Maximum - \$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.**

FGU has maintained rates below the cost of service since 2012.

# AFFIDAVIT

STATE OF TEXAS

COUNTY OF Medina

I, Harry Hausman being duly sworn, file this **NOTICE OF  
PROPOSED RATE CHANGE**  
as Manager

(indicate relationship to Utility, that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Utility); that, in such capacity, I am qualified and authorized to file and verify such NOTICE; and that all statements made and matters set forth herein are true and correct.

I further represent that a copy of the attached NOTICE was provided  
by

USPS  
(method of delivery)

to each customer or other affected party on or about December 27, 20 17

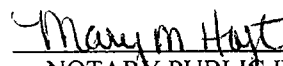
  
AFFIANT  
(Utility's Authorized Representative)

Forest Glen Utility Co.  
NAME OF UTILITY

If the Affiant to this form is any person other than the sole owner, partner, officer of the Utility, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE ME,  
this the 27th day of December, 20 17, to certify  
which witness my hand and seal of office.



  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

Mary M. Hoyt  
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES 11/21/2019