



Control Number: 48342



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AFFIDAVIT

STATE OF TEXAS

COUNTY OF

Harris

2019 FEB 25 AM 11:08

I, Hannah Krebs
PROPOSED RATE CHANGE

being duly sworn, file this **NOTICE OF**

as

Records Coordinator of EHU, Inc.

(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

mail
(method of delivery)

to each customer or other affected party on or about

Feb. 20th

, 20 19

Hannah Krebs

AFFIANT

(Utility's Authorized Representative)

Gum Island Utility

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 20th day of February, 20 19, to certify
which witness my hand and seal of office.

SEAL



Sandra Mills
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Sandra Mills
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES

8-18-2019

P.U.C. DOCKET NO. 48342

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

East Houston Utilities

12042

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. 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 2.9 [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:

April 1st, 2019

(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:

Insufficient funds for operation + maintenance

BILLING COMPARISON

Water

Existing	5,000 gallons:	\$ <u>23.⁰⁰</u>	mo	Proposed	5,000 gallons:	\$ <u>51.⁰⁰</u>	mo
Existing	10,000 gallons:	\$ <u>33.⁰⁰</u>	mo	Proposed	10,000 gallons:	\$ <u>61.⁰⁰</u>	mo
Existing	30,000 gallons:	\$ <u>73.⁰⁰</u>	mo	Proposed	30,000 gallons:	\$ <u>101.⁰⁰</u>	mo

Sewer N/A

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

Gum Island Utility (white wing)

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

11015 Sheldon Rd. Ste 102, Houston, TX 77044

Company Address

City

State

Zip

281-454-0883

Company Phone Number

\$13,293.⁰⁰

Annual Revenue Increase

2-20-2019

Date Notice Delivered

N/A

Date of Last Rate Change

20th of every month

Date Meters Typically Read

* 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. 48342

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 –WATER

CURRENT RATES			PROPOSED RATES		
Monthly base rate including <u>5,000</u> gallons			Monthly base rate including <u>5,000</u> gallons		
Meter Size:			Meter Size:		
RESIDENTIAL			RESIDENTIAL		
5/8" or 3/4"	\$	<u>23.⁰⁰</u>	5/8" or 3/4"	\$	<u>51.⁰⁰</u>
1"	\$		1"	\$	
1 1/2"	\$		1 1/2"	\$	
2"	\$		2"	\$	
3"	\$		3"	\$	
Other:	\$		Other:	\$	
GALLONAGE CHARGE:			GALLONAGE CHARGE:		
TIER	VOLUME	CHARGE per 1000 gals.	TIER	VOLUME	CHARGE per 1000 gals.
Tier 1	<u>1</u> to <u>5001</u> gals.	\$ <u>2.⁰⁰</u> /1000 gals.	Tier 1	<u>1</u> to <u>5001</u> gals.	\$ <u>2.⁰⁰</u> /1000 gals.
Tier 2	to gals.	\$ /1000 gals.	Tier 2	to gals.	\$ /1000 gals.
Tier 3	to gals.	\$ /1000 gals.	Tier 3	to gals.	\$ /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	\$	<u>250.⁰⁰</u>	Tap Fee	\$	<u>250.⁰⁰</u>
Reconnect fee:			Reconnect fee:		
Non-payment	\$	<u>25.⁰⁰</u>	Non-payment	\$	<u>25.⁰⁰</u>
			(Maximum - \$25.00)	\$	<u>25.⁰⁰</u>
Customer's Request	\$		Customer's Request	\$	
Transfer Fee	\$		Transfer Fee	\$	
Late Charge	\$	<u>5.⁰⁰</u>	Late charge: (Indicate either \$5.00 or 10%)	\$	<u>5.⁰⁰</u>
Returned Check Charge	\$		Returned Check Charge	\$	
Deposit	\$	<u>50.⁰⁰</u>	Deposit	\$	<u>50.⁰⁰</u>
			(Maximum \$50.00)	\$	<u>50.⁰⁰</u>
Meter test fee	\$		Meter test fee	\$	
			(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.