

Control Number: 48934



Item Number: 495

Addendum StartPage: 0

Registration of Submetered OR Allocated Utility Service NOTE: Please DO NOT include any person or protected information on this form (ex: tax identification #'s, social security #'s, etc.)								Date:By:Docket NoS97324 (this number to be assigned by the PUC after your form is filed)				
				he name c	of the ov	vner's contract manag	er, mana	gement co	ompany	, or billin	ng company.	
Name AHC Blinto	r Fall Cree	ek, LL	.C		ru	SLIC UTILITY COMMIS	SIGN					
	1800 Augusta, Suite 150					City Houston	State	ТΧ	Zip	77057		
Telephone# (AC)	elephone# (AC) 281.823.8208						Fax # (if applicable)					
	info@stor											
			, AN	D TYPE	OF PR	OPERTY WHERE U	JTILITY	SERVIC	CE IS P	ROVID	ED	
Name Stonegrove												
Mailing Address:	8802 N Sam Houston Pkwy					City Houston	State	TX	Zip	77396		
Telephone# (AC)						Fax # (if applicable) N/a						
	info@sto											
X Apartment Com					Contraction of the second	Manufactured Home	Rental	Commu	nity .	Mult	iple-Use Facility	
If applicable, descr	ibe the "n	nultip	le-us									
	Contraction of the local distance of the loc			Sectors.		ION ON UTILITY S	CONTRACTOR OF THE OWNER			Concession in the local data		
	enants are billed for X Water X Wastewa										located ***	
Name of utility pro												
Date submetered o				-	<u> </u>			The Party of the P	uired		1 1 1 1 1	
120422			_			ION AREAS Chec			a ser la	-	a	
Not applicable, because X Bills are based on the tenant's actual submetered consum									-		1	
	il de la de		_			ommon areas <u>nor</u> an		d irrigati	on syst	em	12.24	
						netered or submeter stewater to these are		allocate	the rer	naining	charges among	
We deduct consumption, then	perc allocate t	ent (v he re	we de main	educt at l	east 25 ges amo		ty's tota	l charge	s for wa		wastewater	
						hat <u>is/are</u> separately						
			-			he irrigation system(-		
Contraction of the second seco	1 1 1 1 1 1 1					then allocate the ren	naining	charges a	among	our tena	ants.	
This property de					-							
	-			-		's total charges for w	vater an	d wastev	vater co	onsump	tion, and then	
allocate the remain	ing charg	es am	long	our tena	nts.	and the second	in the	-	P Track	-		
★★★IF UTILITY Send this form by r Filing Clerk, Public	mail with	a tota	al of ((3) copies	s to:	OU MUST ALSO CO	OMPLE	TE PAGI	E TWO	OF TH	IS FORM ★★★	
1701 North Congre P.O. Box 13326				. or read								

Austin, Texas 78711-3326