



Control Number: 49480



Item Number: 4

Addendum StartPage: 0

**PROJECT NO. 49480  
PUBLIC UTILITY COMMISSION OF TEXAS**

RECEIVED

2019 MAY -1 PM 1:17

**REQUEST FOR COMMENTS ON REVISIONS TO NOTICE OF PROPOSED RATE  
CHANGE TO BE PROVIDED TO CUSTOMERS PURSUANT TO TEX. WATER CODE  
§ 13.187 AND NOTICE OF PROPOSED RATE CHANGE TO BE PROVIDED TO  
CUSTOMERS PURSUANT TO TEX. WATER CODE § 13.1871**

The Public Utility Commission of Texas (commission) requests comments on its proposed revisions to the forms for notice of proposed rate change to be provided to customers under Texas Water Code §§ 13.187 and 13.1871. The proposed revisions to the forms would clarify that the rates ordered by the commission may be higher or lower than the rates proposed by the utility. The proposed revisions would also update the affidavits of notice to provide more specificity regarding the matters attested to. The proposed forms can be found on the commission's website home page under "Filings," using Control Number 49480. A water or sewer utility applying for a rate change under Texas Water Code §§ 13.187 or 13.1871 would use the forms to provide notice to customers of the requested rate change. Project Number 49480 is assigned to this proceeding.

Comments on the proposed forms may be submitted to the Filing Clerk, Public Utility Commission of Texas, 1701 North Congress Avenue, P.O. Box 13326, Austin, Texas 78711-3326. Comments must be filed no later than June 10, 2019. Sixteen copies of comments to the proposed forms are required to be filed. Comments should be organized in a manner consistent with the organization of the forms. The commission invites specific comments regarding the costs associated with, and benefits that will be gained by, adoption of the proposed forms. The commission will consider the costs and benefits in considering the adoption of the proposed forms. All comments should refer to Project Number 49480.

Questions concerning the project should be directed to Kennedy Meier, Legal Division, at (512) 936-7265. Hearing and speech-impaired individuals with text telephones (TTY) may contact the commission at (512) 936-7136.

**NOTICE OF PROPOSED RATE CHANGE**  
**TO BE PROVIDED TO CUSTOMERS**  
**PURSUANT TO TEX. WATER CODE § 13.187**

**AFFIDAVIT**

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, file this **NOTICE OF PROPOSED RATE CHANGE**

**as**

(indicate relationship to Utility, that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Utility); and state 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 within my personal knowledge and are true and correct.

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

\_\_\_\_\_ (method of delivery)  
to each customer or other affected party on ~~or about~~ \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
AFFIANT  
(Utility's Authorized Representative)

\_\_\_\_\_  
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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify  
which witness my hand and seal of office.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

\_\_\_\_\_  
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES \_\_\_\_\_

P.U.C. DOCKET NO. \_\_\_\_\_ \*

**NOTICE OF PROPOSED RATE CHANGE  
PURSUANT TO TEX. WATER CODE § 13.187**

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. Persons wishing to intervene in, or comment on, these proceedings should notify the Commission as soon as possible, by filling out the form on the next page as an intervention deadline will be imposed.

**EFFECTIVE DATE OF PROPOSED INCREASE:** \_\_\_\_\_

**(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 approve ~~modify~~ the rates that are lower or higher than the rates proposed by the utility. If the Commission orders rates that are lower than the rates proposed by the utility, then the Commission may ~~and~~ order a refund or credit against future bills of all sums collected during the pendency of the rate proceeding in excess of the rate finally ordered plus interest. If the Commission orders rates that are higher than the rates proposed by the utility, then the Commission may order a surcharge against future bills of the difference between the rates finally ordered by the Commission and sums collected during the pendency of the rate proceeding.)

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

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

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

Company Address

City

State

Zip

Company Phone Number

Annual Revenue Increase

Date Notice Delivered

Date of Last Rate Change

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. \_\_\_\_\_**

**RATEPAYER COMMENTS/REQUESTS TO INTERVENE**  
(please circle one)

If you wish to comment on, or intervene in, the proposed rate change, 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**

CUSTOMER INFORMATION (to be completed by customers submitting comments or requests to intervene)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Location where service is received: \_\_\_\_\_

(if different from the mailing address)

PLEASE SELECT ONE OF THE FOLLOWING:

I wish to be a COMMENTER. I understand that: I am NOT a party to this case; my comments are not considered evidence in this case; and I have no further obligation to participate in the proceeding. Public comments may help inform the PUC of the public concerns and identify issues to be explored. Please provide comments below. Attach a separate page, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting to INTERVENE in this proceeding. As an INTERVENOR, I understand that: I am a party to the case; I am required to respond to all discovery requests from other parties; I may be required to attend hearings, and if I file testimony, I may be cross-examined in the hearing; if I file any documents in the case, I must provide a copy to every other party in the case; and I acknowledge that I am bound by the Procedural Rules of the PUC and the State Office of Administrative Hearings (SOAH).

Signature of Commenter or Intervenor:

\_\_\_\_\_ 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 _____ 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 CHARGE:</b>			<b>GALLONAGE CHARGE:</b>		
TIER	VOLUME	CHARGE per 1000 gals.	TIER	VOLUME	CHARGE per 1000 gals.
Tier 1	_____ to _____ gals.	\$ _____ /1000 gals.	Tier 1	_____ to _____ gals.	\$ _____ /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.
<b>MISCELLANEOUS FEES</b>			<b>MISCELLANEOUS FEES</b>		
Tap Fee	\$		Tap Fee	\$	
Reconnect fee: Non-payment	\$		Reconnect fee: Non-payment (Maximum - \$25.00)	\$	
Customer's Request	\$		Customer's Request	\$	
Transfer Fee	\$		Transfer Fee	\$	
Late Charge	\$		Late charge: ( <b>Indicate either \$5.00 or 10%</b> )	\$	
Returned Check Charge	\$		Returned Check Charge	\$	
Deposit	\$		Deposit (Maximum \$50.00)	\$	
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.**



## NOTICE OF PROPOSED RATE CHANGE –SEWER

<b>CURRENT RATES</b>	<b>PROPOSED RATES</b>
Monthly base rate including _____ gallons Meter Size:	Monthly base rate including _____ gallons 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>
\$ _____ <input type="checkbox"/> per month; OR <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:	\$ _____ <input type="checkbox"/> per month; OR <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:
<b>MISCELLANEOUS FEES</b>	<b>MISCELLANEOUS FEES</b>
Tap Fee                      \$	Tap Fee                      \$
Reconnect fee: Non-payment              \$	Reconnect fee: Non-payment              \$ (Maximum - \$25.00)
Customer's Request      \$	Customer's Request      \$
Transfer Fee                \$	Transfer Fee                \$
Late Charge                \$	Late charge: ( <b>Indicate either \$5.00 or 10%</b> )      \$
Returned Check Charge   \$	Returned Check Charge   \$
Deposit                      \$	Deposit                      \$ (Maximum \$50.00)
Meter test fee              \$	Meter test fee              \$ (Maximum - \$25.00)

Regulatory Assessment of 1% is added to base rate and gallorage 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.**

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

**AFFIDAVIT**

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, file this **NOTICE OF PROPOSED RATE CHANGE** as \_\_\_\_\_ (indicate relationship to Utility, that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Utility); **and state** 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 within my personal knowledge and are true and correct.

I further represent that a copy of the attached NOTICE was provided by \_\_\_\_\_ (method of delivery) to each customer or other affected party on ~~or about~~ \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
AFFIANT  
(Utility's Authorized Representative)

\_\_\_\_\_  
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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify  
which witness my hand and seal of office.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

\_\_\_\_\_  
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES \_\_\_\_\_

P.U.C. DOCKET NO. \_\_\_\_\_ \*

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

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:** \_\_\_\_\_

(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 approve ~~modify~~ the rates that are lower or higher than the rates proposed by the utility. If the Commission orders rates that are lower than the rates proposed by the utility, then the Commission may ~~and~~ order a refund or credit against future bills of all sums collected during the pendency of the rate proceeding in excess of the rate finally ordered plus interest. If the Commission orders rates that are higher than the rates proposed by the utility, then the Commission may order a surcharge against future bills of the difference between the rates finally ordered by the Commission and sums collected during the pendency of the rate proceeding.)

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

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

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

Company Address                      City                      State                      Zip

Company Phone Number

Annual Revenue Increase                      Date Notice Delivered

Date of Last Rate Change                      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.** \_\_\_\_\_

**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 Protestant:

\_\_\_\_\_ 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 _____ 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 CHARGE:</b>			<b>GALLONAGE CHARGE:</b>		
TIER	VOLUME	CHARGE per 1000 gals.	TIER	VOLUME	CHARGE per 1000 gals.
Tier 1	_____ to _____ gals.	\$ _____ /1000 gals.	Tier 1	_____ to _____ gals.	\$ _____ /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.
<b>MISCELLANEOUS FEES</b>			<b>MISCELLANEOUS FEES</b>		
Tap Fee	\$		Tap Fee	\$	
Reconnect fee: Non-payment	\$		Reconnect fee: Non-payment (Maximum - \$25.00)	\$	
Customer's Request	\$		Customer's Request	\$	
Transfer Fee	\$		Transfer Fee	\$	
Late Charge	\$		Late charge: ( <b>Indicate either \$5.00 or 10%</b> )	\$	
Returned Check Charge	\$		Returned Check Charge	\$	
Deposit	\$		Deposit (Maximum \$50.00)	\$	
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.**

## NOTICE OF PROPOSED RATE CHANGE –SEWER

<b>CURRENT RATES</b>	<b>PROPOSED RATES</b>
Monthly base rate including _____ gallons Meter Size:	Monthly base rate including _____ gallons 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>
\$ _____ <input type="checkbox"/> per month; OR <input type="checkbox"/> for each additional 1,000 gallons over the minimum. Gallonage charges are determined based on average consumption for winter period which includes the following months:	\$ _____ <input type="checkbox"/> per month; OR <input type="checkbox"/> for each additional 1,000 gallons over the minimum. Gallonage 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                      \$	Tap Fee                      \$
Reconnect fee: Non-payment                 \$	Reconnect fee: Non-payment (Maximum - \$25.00)      \$
Customer's Request         \$	Customer's Request         \$
Transfer Fee                 \$	Transfer Fee                 \$
Late Charge                 \$	Late charge: <b>(Indicate either \$5.00 or 10%)</b> \$
Returned Check Charge     \$	Returned Check Charge     \$
Deposit                      \$	Deposit (Maximum \$50.00)         \$
Meter test fee                \$	Meter test fee                \$ (Maximum - \$25.00)

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