



Control Number: 51337



Item Number: 8

Addendum StartPage: 0



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PUC Tx Docket Control No. 51337

PUBLIC UTILITY COMMISSION
FILING CLERK

CCN No. 11872
PWS No. 1010218

December 15, 2020

Attached is a copy of the Notice of Approved Utility Annual Rate Adjustment which was mailed to customers on **November 30, 2020** giving notice of the rate adjustment effective **January 1, 2021**. Also attached is a photo of letters that were mailed and a copy of the certified receipt from a customer showing the received date.

NOTICE OF APPROVED UTILITY ANNUAL RATE ADJUSTMENT

Utility Name: Municipal Operations, LLC
CCN Number(s): **Water** 11872 **Sewer** N/A

The rates listed on the next page will apply to service received after the effective date listed on the notice below. This rate was requested by the utility and approved by the Public Utility Commission of Texas based on Texas Water Code § 13.1872, which allows the utility to receive an annual rate adjustment, without a hearing, of no more than 5%.

The following public water system(s), sewer system(s), or subdivision(s) will be affected by this rate adjustment:
SWEA Gardens Estates Public Water System

Effective Date of Approved Increase: January 1, 2021
(must be at least 30 days from the date the customers receive notice)

The rate adjustment will apply to all service rendered after the effective date and will be reflected on the bill you receive approximately 30 to 45 days after the effective date.

Municipal Operations, LLC
 Address: P.O. Box 40526
 City: Houston
 State/Zip: Texas, 77240-0526
 Telephone: 713-937-1959

Percent of Rate Adjustment: 5.00%¹
 Date Notice Delivered: 11/30/2020
 Date Meters are Read: 3rd day of each month

Billing Comparison²

Charges based on Gallons (G) per Month (mo)

Water:

Previous			New		
5,000 G	\$53.44	/mo	5,000 G	\$56.10	/mo
10,000 G	\$63.74	/mo	10,000 G	\$66.90	/mo

¹The Texas Water Code limits the increase to 5%.

²The billing comparison only includes minimum monthly charge, block gallonage rate and gallonage rate charges.

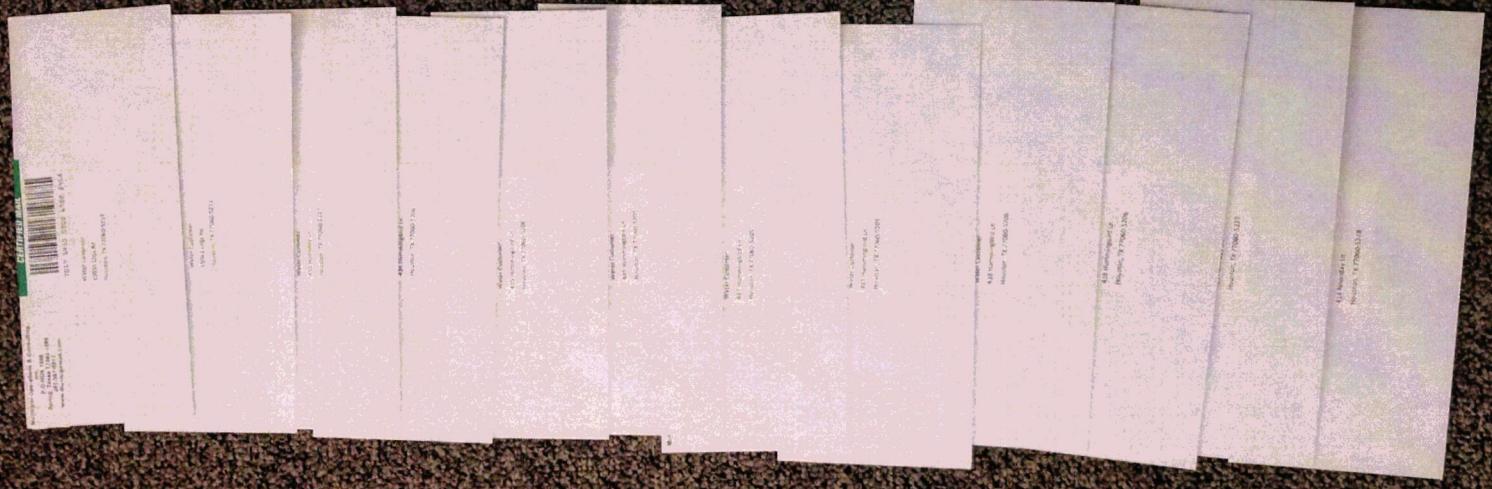
NOTICE OF APPROVED UTILITY ANNUAL RATE ADJUSTMENT


Utility Name: Municipal Operations, LLC
 CCN Number(s): Water 11872 Sewer N/A

WATER

MINIMUM MONTHLY CHARGE		
Meter Size	Previous Minimum Monthly Charge	New Minimum Monthly Charge
Gallons Included: 0		
5/8"	\$ 43.14	\$ 45.30
3/4"	\$ 43.14	\$ 45.30
GALLONAGE CHARGES		
for each additional 1,000 gallons over the minimum		
Previous Tariff Rates	Annual Rate Adjustment	New Tariff Rates
\$ 2.06	5.00%¹	\$ 2.16

¹ A 5% rate increase is permitted by Texas Water Code § 13.1872 for a Class D utility without hearing for four out of five calendar years



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>E. Valles</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p><i>Current Water Customer 446 Noonday Ln Houston, TX 77060-5228</i></p>  <p>9590 9402 6180 0220 8212 44</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p><i>7017 1450 0000 6902 2415</i></p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>											
For delivery information, visit our website at www.usps.com ®.											
<i>SHWETA RATHI - Nov 2020 Monday</i>											
Certified Mail Fee \$ _____	Postmark Here										
Extra Services & Fees (<i>check box, add fee as appropriate</i>) <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table>		<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	<input type="checkbox"/> Return Receipt (electronic)	\$ _____	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/> Adult Signature Required	\$ _____	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____										
Postage \$ _____											
Total Postage and Fees \$ _____											
Sent To Street and Apt. No., or PO Box No. ----- City, State, ZIP+4®											
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions											

7017 1450 0000 6902 2415