



Control Number: 51721



Item Number: 449

Addendum StartPage: 0



Texas Commission on Environmental Quality

Registration of Submetered
or Allocated Utility Service

This Box for TCEQ Use Only

Registration No. S 6023

Date: 4-16-12 By: DLT

SAP 6023-CO

This Box for TCEQ Use Only

CUSTOMER REFERENCE NUMBER

REGULATED ENTITY REFERENCE NUMBER

CN(9 digits)

RN(9 digits)

| Send a completed Core Data Form (TCEQB10400) with this registration.

PROPERTY OWNER (ACustomer@ on TCEQ-10400)

Name Price Development Group

| Do not enter the name of the owner=s contract manager, management company, or billing company.

NAME AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED

(ARegulated Entity@ on TCEQ-10400)

Name Park Central at Flower Mound

☒ Apartment Complex ☐ Condominium ☐ Manufactured Home Rental Community ☐ Multiple-Use Facility| If applicable, describe the AmultipleBuse facility@
here:

INFORMATION ON UTILITY SERVICE

Tenants are billed for ☒ Water ☒ Wastewater ☐ Both these bills are ☒ Submetered ☐ Allocated **

Name of utility providing water/wastewater Town of Flower Mound

Date submetered or allocated billing begins (or began) July 2012 | Required

METHOD USED TO OFFSET CHARGES FOR COMMON AREAS | Check one line only.

☒ Not applicable, because ☒ Bills are based on the tenant=s actual submetered consumption
☐ There are neither common areas nor an installed irrigation system OR☐ All common areas and the irrigation system(s) are metered or submetered. We deduct the actual utility charges
for water and wastewater to these areas then allocate the remaining charges among our tenants.☐ This property has an installed irrigation system that is not separately metered or submetered.
We deduct percent (which is equal to or greater than 25 percent) of the utility=s total charges for
water and wastewater consumption, then allocate the remaining charges among our tenants.☐ This property has an installed irrigation system(s) that is/are separately metered or submetered.
We deduct the actual utility charges associated with the irrigation system(s), then deduct at least 5 percent of the utility=s
total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.☐ This property does not have an installed irrigation system. We deduct at least 5 percent of the retail public
utility=s total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.

**IF UTILITY SERVICES ARE ALLOCATED,

YOU MUST ALSO COMPLETE PAGE TWO OF THIS FORM

| Send BOTH this form and the TCEQ Core Data Form by fax to: 512/239B6972
by mail to: TCEQ, Utilities & Districts Section, MCB153
PO Box 13087
Austin, TX 78711B3087| If you need help completing this form, call TCEQ=s Utilities & Districts Section at 512/239B4691. Additional
information about submetered and allocated billing is available at the following site:[http:// www.tceq.texas.gov/permitting/water_supply/ud/submeter.html](http://www.tceq.texas.gov/permitting/water_supply/ud/submeter.html)| If you need help completing the TCEQ=s Core Data Form, call our Central Registry Program at 512/239B5175. You can
also find instructions for completing this form at the following site:



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)			
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)			
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN		RN	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other: _____			
7. General Customer Information			
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership			
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) <input type="checkbox"/> No Change**			
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship- D.B.A			
<input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government			
<input type="checkbox"/> Other Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other: <u>Limited Liability Company</u>			
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) If new Customer, enter previous Customer End Date:			
<u>Price Development Group, LLC</u> <u>4/13/12</u>			
10. Mailing Address:			
<u>104 W. 9th Street, Suite 250</u>			
City <u>Kansas City</u> State <u>MO</u> ZIP <u>64105</u> ZIP + 4			
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
<u>(816) 268-5880</u>			
15. Fax Number (if applicable)			
<u>() -</u>			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
<u>26-0697547</u>		<u>801380523</u>	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)			
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)			
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	4200 Broadway						
	City	Flower Mound	State	TX	ZIP	75028	ZIP + 4
25. Mailing Address:							
	City		State		ZIP		ZIP + 4
26. E-Mail Address:	SUSANS@pricebrothersKC.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(972) 668 2331			() -				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Multi Family Housing							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:					
36. Nearest City	County	State	Nearest ZIP Code		
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:


SECTION IV: Preparer Information

40. Name:	Sherrie Briley	41. Title:	Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(972) 668 2331		() -	

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Price Development Group LLC	Job Title:	
Name (In Print):	Monte Klendler	Phone:	(816) 268-5880
Signature:		Date:	3/26/12

24. Street Address of the Regulated Entity: (No P.O. Boxes)	4200 Broadway						
	City	Flower Mound	State	TX	ZIP	75028	ZIP + 4
25. Mailing Address:							
	City		State		ZIP		ZIP + 4
26. E-Mail Address:	susans@pricebrotherskc.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(972) 668 2331			() -				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)			33. Secondary NAICS Code (5 or 6 digits)		
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<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

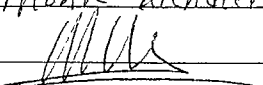
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(972) 668 2331		() -			

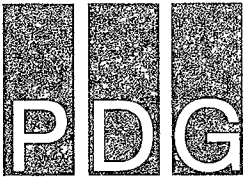
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Company:	Price Development Group LLC		Job Title:		
Name (In Print):	Monte Klendler			Phone:	(816) 268-5880
Signature:				Date:	3/26/12

SAP 6023 CO



PriceDevelopmentGroup

March 26, 2012

Texas Commission on Environmental Quality
Utilities & Districts Section MCB153
P.O. Box 13087
Austin, TX 78711 B3087

Re: Registration of Submetered or Allocated Utility Service
Park Central At Flower Mound Apartments
4200 Broadway
Flower Mound, Texas

Dear Sirs,

Attached is the completed for TCEQ-10363 dated March 26, 2012 filed on behalf of Park Central at Flower Mound Apartments. If you have any questions regarding the application please contact me.

Sincerely,

Price Development Group LLC

A handwritten signature in black ink, appearing to read 'Monte Wendler', written over a horizontal line.

Monte Wendler
Manager

Encl.

2012 MAR 29 PM 4 05

THE OFFICE OF THE ATTORNEY GENERAL

03/29/2012

Price Development Group
104 W 9th Street, Suite 205, Kansas City, MO 64105
816-268-5880
www.pricedg.com



Texas Commission on Environmental Quality

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or Allocated Utility Service

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Registration No. S 6023

Date: 4-16-12 By: DGT

SAP 6023-CO

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If applicable, describe the AmultipleBuse facility@ here:

INFORMATION ON UTILITY SERVICE

Tenants are billed for ☒ Water ☒ Wastewater Both these bills are ☒ Submetered ☐ Allocated **

Name of utility providing water/wastewater Town of Flower Mound

Date submetered or allocated billing begins (or began) July 2012 Required

METHOD USED TO OFFSET CHARGES FOR COMMON AREAS Check one line only.

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http://www.tceq.texas.gov/permitting/water_supply/ud/submeter.html

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