




Control Number: 51721



Item Number: 519

Addendum StartPage: 0

	Texas Commission on Environmental Quality	This Box for TCEQ Use Only	
	Registration of Submetered or Allocated Utility Service	Registration No. S 5925	By: DR
		Date: 6/8/2011	

SAP 5925-CD

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: Hope Partners Ltd 1500 HOPE LLC DR 68-11

☐ 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: Las Mansiones Apts

<input checked="" type="checkbox"/> Apartment Complex	<input type="checkbox"/> Condominium	<input type="checkbox"/> Manufactured Home Rental Community	<input type="checkbox"/> Multiple-Use Facility
---	--------------------------------------	---	--

☐ If applicable, describe the AmultipleBuse facility@ here:

INFORMATION ON UTILITY SERVICE

Tenants are billed for	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Wastewater	Both these bills are	<input checked="" type="checkbox"/> Submetered	<input type="checkbox"/> Allocated ★★
------------------------	---	--	----------------------	--	---------------------------------------

Name of utility providing water/wastewater: El Paso Water Utilities

Date submetered or allocated billing begins (or began): 4/28/2011 ☐ Required

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

<input checked="" type="checkbox"/> Not applicable, because	<input checked="" type="checkbox"/> Bills are based on the tenant=s actual submetered consumption	
	<input type="checkbox"/> There are <u>neither</u> common areas <u>nor</u> 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** OR 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 checked="" type="checkbox"/> No			
3. Customer Reference Number (if issued)		Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN			RN

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		05/09/2011	
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 type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" 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 Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<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"/> General Partnership	<input checked="" type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Other: _____			
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)			
1500 HOPE, LLC.		if new Customer, enter previous Customer below	
		End Date:	
10. Mailing Address:			
LAS MANSIONES			
1500 BOB HOPE			
City	EL PASO	State	TX
ZIP	79936	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		r.baca@monterreyasset.com	
13. Telephone Number		14. Extension or Code	
(915) 591-3303			
15. Fax Number (if applicable)			
(915) 855-1112			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
27-1341216		801193276	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees			
<input 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			
21. Independently Owned and Operated?			
<input checked="" 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 checked="" 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 Registered Entity: (No P.O. Boxes)	LAS MANSIONES APARTMENTS							
	1500 BOB HOPE ST.							
	City	EL PASO	State	TX	ZIP	79936	ZIP + 4	
25. Mailing Address:	C/O MONTERREY ASSET MANAGEMENT							
	1500 BOB HOPE ST.							
	City	EL PASO	State	TX	ZIP	79936	ZIP + 4	
26. E-Mail Address:	r.baca@monterreyasset.com							
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)				
(915) 591-3303				(915) 855-1112				
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.)								
APARTMENT COMPLEX								

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

35. Description to Physical Location:								
36. Nearest City	EL PASO	County	EL PASO	State	TX	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:

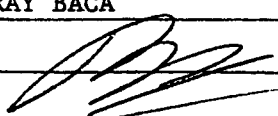
SECTION IV: Preparer Information

40. Name:	RAY BACA			41. Title:	MANAGING PARTNER		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address				
(915) 592-4549	5	(915) 592-4565	r.baca@monterreyasset.com				

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:	MONTERREY ASSET MANAGEMENT		Job Title:	MANAGING PARTNER	
Name (In Print):	RAY BACA			Phone:	(915) 592-4549
Signature:				Date:	